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A MIND THAT FOUND ITSELF

AN AUTOBIOGRAPHY

CLIFFORD WHITTINGHAM BEERS

stitute celebrations and helped carry them out.

Her working-day varies from six to sixteen hours, six days in the week. She rises at half-past five and takes a long walk; in this she kills two birds with one stone by getting her exercise and noting the early morning noises, their character and excesses.

She even presses her children into service (for Mrs. Rice is not one of those present-day women of achievement who have no time for a home or a family: she has a perfectly maintained twelve-room home and an exceptionally reared and talented group of six children), and puts them to tying up papers or letters for reference or distribution.

It is impossible to chronicle briefly what she has done, what she is doing, or how she does it: she is a marvel of systematized energy and enthusiasm. And with her it is a labor of love. There are not many women who would work as hard as she does, and as persistently and consistently, just for the love of doing it and seeing the results.

DANA GATLIN.

CLIFFORD W. BEERS

ABOUT four years ago a remarkable book was published. Its title was, "A Mind That Found Itself." It was an autobiography in minute detail of three years of insane existence; and the author was a young Yale graduate, Clifford W. Beers, who lost his reason and then completely recovered it.

Some books of asylum experiences had been hitherto published. But they were delusional, or wholly sensational in character or purely vengeful in spirit, and so failed of appeal or object. Mr. Beers's book is different, in many ways.

William James called it "a classic account 'from within' of an insane person's psychology." As such it has been of almost inestimable value, since it has added many facts in support of the alienists' conjectures, and indicated improved methods in the care of the insane, which, happily, are already beginning to be used more widely.

Professor Lounsbury of Yale Univer-

Most of us, after such an experience,—Mr. Beers's was harrowing enough,—would have thanked our lucky stars for the unexpected deliverance, and hastened to mend our fortunes and generally make up selfishly for lost time. Mr. Beers did go back to the world of business,—to his old firm of contractors,—but in his mind and heart he held a big humanitarian scheme.

He held the plan in abeyance only till he could fully prove to all others concerned that he was not a visionary, not a Don Quixote of reform, proceeding against invisible windmills. The best way to prove this, he decided, was with the practical yardstick by which we make such measurements; namely, the ability to make a successful living. He succeeded.

When at length he received a leave of absence to complete his book, he had his plans clearly and sensibly outlined. The work was too big to admit of hasty and short steps. The book itself was simply to serve as the foundation of an arch of progress, the keystone of which should be a permanent national agency, having for its objects the cure, comfort, and after-care of our great and pitiful army of the mentally sick.

William James said in his introduction to the book, that if he were a millionaire he would "endow insanity exclusively." I wish to add, very emphatically, that anyone who goes even superficially into the situation will have much the same feeling.

Evidently others already saw, or were made to see, the light through the earnest efforts of this young missionary; for, as a result of the publication of the book and of the efforts of its author, assisted by many workers whose support Mr. Beers was able to enlist, a National Committee for Mental Hygiene, with offices at 50 Union Square, New York, has been organized. Mr. Beers is secretary of the organization, and, under the provisions of a recent gift of fifty thousand dollars, a survey of conditions among the insane in the United States has been begun. These special studies are being conducted by a special subcommittee and by Dr. Thomas W. Salmon, who gives his entire time to the work.

There is much to be done. Many of our institutions are most admirable, but

To Alfred E. P. Rockwell
Worcester
Massachusetts

with the compliments of
Clifford Whittingham Beers

5. Union Square
New York City.
December 3. 1912

A MIND THAT FOUND ITSELF

A MIND THAT FOUND ITSELF

AN AUTOBIOGRAPHY

BY

CLIFFORD WHITTINGHAM BEERS

SECOND EDITION

NEW IMPRESSION

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Dedicated

TO THE MEMORY OF MY UNCLE

SAMUEL EDWIN MERWIN

WHOSE TIMELY GENEROSITY I BELIEVE SAVED MY LIFE,
AND WHOSE DEATH HAS FOREVER ROBBED
ME OF A SATISFYING OPPORTUNITY
TO PROVE MY GRATITUDE

INTRODUCTION

A STORY so strange as to challenge belief must needs be presented in a way especially calculated to inspire confidence. Thanks to Professor William James of Harvard University, I am able to cut off incredulity at its source by quoting his opinion. That which has already enlisted the support of one of the most eminent psychologists in America is entitled at least to a respectful hearing from laymen.

95 IRVING ST., CAMBRIDGE, MASS.
July 1, 1906.

DEAR MR. BEERS:

Having at last "got round" to your MS., I have read it with very great interest and admiration for both its style and its temper. I hope you will finish it and publish it. It is the best written out "case" that I have seen; and you no doubt have put your finger on the weak spots of our treatment of the insane, and suggested the right line of remedy. I have long thought that if I were a millionaire, with money to leave for public purposes, I should endow "Insanity" exclusively.

You were doubtless a pretty intolerable character when the maniacal condition came on and you were bossing the universe. Not only ordinary "tact," but a genius for diplomacy, must have been needed for avoiding rows with you; but you certainly were wrongly treated nevertheless; and the spiteful Assistant M.D. at ——— deserves to have his name published. Your report is full of instructiveness for doctors and attendants alike.

The most striking thing in it to my mind is the sudden conversion of you from a delusional subject to a maniacal one — how the whole delusional system disintegrated the moment one pin was drawn out by your proving your brother to be genuine. I never heard of so rapid a change in a mental system.

You speak of re-writing. Don't you do it. You can hardly improve your book. I shall keep the MS. a week longer as I wish to impart it to a friend.

Sincerely yours,

Wm. James.

95 Irving St., Cambridge, Mass.
November 10, 1907.

Dear Mr. Beers:

You are welcome to use the letter I wrote to you (on July 1, 1906) after reading the first part of your MS. in any way your judgment prompts, whether as preface, advertisement, or anything else. Reading the rest of it only heightens its importance in my eyes. In style, in temper, in good taste, it is irreproachable. As for contents, it is fit to remain in literature as a classic account "from within" of an insane person's psychology.

The book ought to go far toward helping along that terribly needed reform, the amelioration of the lot of the insane of our country, for the Auxiliary Society which you propose is feasible (as numerous examples in other fields show), and ought to work important effects on the whole situation.

You have handled a difficult theme with great skill, and produced a narrative of absorbing interest to scientist as well as layman. It reads like fiction, but it is not fiction; and this I state emphatically, knowing how prone the uninitiated are to doubt the truthfulness of descriptions of abnormal mental processes.

With best wishes for the success of the book and the plan, both of which, I hope, will prove epoch-making, I remain,

Sincerely yours,

Wm. James.

Clifford W. Beers, Esq.,
30 Trumbull Street,
New Haven, Connecticut.

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THIS BOOK IS WRITTEN BY ONE WHOSE RARE
EXPERIENCES IMPEL HIM TO PLEAD FOR
THOSE AFFLICTED THOUSANDS
LEAST ABLE TO SPEAK
FOR THEMSELVES

A Mind That Found Itself

PART I

I

THIS story is derived from as human a document as ever existed; and, because of its uncommon nature, perhaps no one thing contributes so much to its value as its authenticity. It is an autobiography, and more: in part it is a biography; for, in telling the story of my life, I must relate the history of another self — a self which was dominant from my twenty-fourth to my twenty-sixth year. During that period I was unlike what I had been, or what I have been since. The biographical part of my autobiography might be called the history of a mental civil war, which I fought single-handed on a battle-field that lay within the compass of my skull. An Army of Unreason, composed of the cunning and treacherous thoughts of an unfair foe, attacked my bewildered consciousness with cruel persistency, and would have destroyed me, had not a triumphant Reason finally interposed a superior strategy that saved me from my unnatural self.

I am not telling the story of my life just to write a book. I tell it because it seems my plain duty to do so. A marvelous escape from death and a miraculous return to health after an apparently fatal illness are enough to make a man ask himself: For what purpose was my life spared? That question I have asked myself, and this book is, in part, an

answer. Until some one tells just such a story as mine and tells it sanely, needless abuse of helpless thousands will continue. Great advances toward the intelligent and humane treatment of the insane have no doubt been made — advances so great that the majority of insane patients in this country are now treated with a consideration which amounts to kindness. But a helpless and irresponsible minority, numbering thousands, are still being subjected to abuse as brutal as any ever visited on insane persons during those centuries when the strong took pleasure in torturing the weak.

That insane persons are still abused is suspected by the public at large; but direct and convincing proof of that fact is seldom presented. I am sure that the proof I now offer will ring true, and will contribute to the correction of many mistaken ideas regarding the insane and their treatment, and regarding insanity itself. In the discussion of the crude methods of treatment which now obtain, all abuses which fell under my observation will of necessity be laid bare. A former victim of these methods, I feel at liberty to attack them; and the right to do so is doubly mine as I have a remedy to offer, or at least a campaign to propose. If intelligently carried on, it will, I feel confident, largely atone for one of the blackest pages in history. As the hostages which Civilization gives to Progress, the insane are entitled to the best of treatment. Certainly they are not deserving of the worst.

The subject which I treat is not alone humanitarian. Its economic importance can hardly be overestimated. The ravages of insanity cost the world millions of dollars and thousands of lives each year. There are not fewer than two hundred thousand insane persons in our asylums, hospitals, sanatoriums, and homes. There are at least one hundred

and fifty thousand mental incompetents in Great Britain, and a like number in France, and in Germany. Every civilized country has its burdensome proportion. Nor are these afflicted ones the only sufferers. It is safe to assume that each insane person has at least five relatives and friends interested in his welfare. Granting this, there are a million people in this country—one eightieth of the entire population—directly or indirectly affected by this most dreaded disease. And any one of the remaining seventy-nine millions may sooner or later be forced by Fate to join this army of distress.

In spite of the gravity of these conditions comparatively little is being done to combat the present irresistible advance of insanity. No important phase of life is so generally misunderstood; and no equally important subject is so consistently and willingly ignored by all, except the few whose paid duty it is to care for the insane. The only real fight waged against this insidious disease is being carried on in a desultory manner by a few unselfish scientists who are devoting their time to investigation, in most instances without such support as they deserve.

There is every reason to believe that many forms of insanity will finally be rendered amenable to treatment. With small-pox conquered; diphtheria doomed; yellow fever confined within limits; and tuberculosis partially controlled and not infrequently cured, why should insanity remain forever on the list of incurable diseases? Though some forms of it may continue to baffle the alienist, recognized authorities predict that most forms will in time prove curable. But the day of its even partial defeat cannot come until systematic scientific research has first done its work—a work of years. Why should such research, on a scale in keeping with the importance of the problem, be longer delayed? The

fight may cost millions, but will not the eventual payment of an inevitable indemnity more than offset the cost? Even if there were no economic advantage to be gained, would not the dividend which will be added directly to the sum of human happiness be a sufficient reward? The people of this age can erect no more enduring monument to themselves than by doing that which will make it possible for posterity to regard the Twentieth Century as the century in which the cause and cure for most forms of mental diseases were discovered.

In presenting this book I have several definite purposes. First: I hope to rob insanity of many of its terrors — at least those which do not rightly belong to it. Most children are afraid of the dark until they learn that its hidden monsters are imaginary. But this childish fear is a sublime mental process compared with the unreasoning dread of insanity that prevails in the minds of most adults throughout the civilized world. Under certain conditions an insane person is, without doubt, the unhappiest of men, but I shall prove that sometimes he is not less happy — is indeed happier — than a sane person under the most favorable conditions. To a startling degree the unhappiness of the insane is directly due to the perhaps unconscious lack of consideration with which they are treated. This is fortunate; for these external contributory causes can be eliminated; — and no one thing will go so far toward eliminating them as the universal adoption and continued use of the humane and equally scientific principle of Non-Restraint in the treatment of insanity. As the reader will come to know: — doing to the insane as the sane would be done by is the essence of Non-Restraint.

Secondly: Books alone can never produce the desired results. But a society founded and endowed for the sole

purpose of solving this stubborn problem can at least raise the standard of treatment to such a level that existing shortcomings will be forever done away with. A campaign of education carried out under the auspices of a National Society should lead to effectual reform, make even petty abuses appear heinous, and thus insure, upon discovery, the correction of *all* abuses.

Thirdly: It is my hope that the beneficent rich may be prompted to come to the aid of the States and Nations by supplying funds for the erection and endowment of model institutions wherein mental and nervous diseases, in their incipient and curable stages, may be treated with the maximum efficiency. With such institutions — hospitals and sanatoriums — in operation, thousands of those who now are committed indiscriminately could be restored to health and society, without having suffered the unfair stigma of legal incompetence; and patients in our State Hospitals could then receive that individual treatment which will insure the recovery of so many of them and, at the same time, enable those who do not recover to lead comfortable, even happy lives.

II

I WAS born shortly after sunset about thirty years ago. My ancestors, natives of England, settled in this country not long after the *Mayflower* first sailed into Plymouth Harbor. And the blood of these ancestors, by time and the happy union of a northern man and a southern woman — my parents — has perforce been blended into blood truly American.

The first years of my life were not unlike those of thousands of other American boys. Nothing out of the ordinary occurred. At the usual age, I entered a public Grammar School in New Haven, Connecticut, and was graduated in 1891. In the fall of that year I entered the Hillhouse High School of the same city. My school courses were completed with as little trouble as scholastic distinction. I always managed to gain promotion, however, when it was due; and, though few of my teachers credited me with real ability, they were always able to detect a certain latent capacity, which they evidently believed would one day develop sufficiently to prevent me from disgracing them.

Upon entering the High School I had such ambitions as any schoolboy is apt to have. I wished to secure an election to a certain secret society; that gained, I wished to become business manager of a monthly magazine, published by that society. In these ambitions I succeeded. For one of my age I had more than an average love of business. Indeed, I deliberately set about learning to play the guitar well enough to become eligible for membership in the Banjo-

Club — and this for no more æsthetic purpose than to place myself in line for the position of manager.

In athletics there was but one game, tennis, in which I was actively interested. Its quick give-and-take suited my temperament, and so fond was I of it that during one summer I played not fewer than four thousand games. As I had an aptitude for tennis, and devoted more time to it than did any of my schoolmates, it was not surprising that I acquired skill enough to win the school championship during my senior year. But that success was not due entirely to my superiority as a player. It was due in part to what I considered unfair treatment; and the fact well illustrates a certain trait of character which has often stood me in good stead. Among the spectators at the final match of the tournament were several girls. These schoolmates, who lived in my neighborhood, had mistaken for snobbishness a certain boyish diffidence for which few people gave me credit. When we passed each other, almost daily, this group of girls and I, our mutual sign of recognition was a look in an opposite direction. Now my opponent was well liked by these same girls and was entitled to their support. Accordingly they applauded his good plays, which was fair. They did not applaud my good plays, which was also fair. But what was not fair was that they should applaud my bad plays. Their doing so roiled my blood, and thanks to those who would have had me lose, I won.

One more incident of my boyhood days may assist the reader to make my acquaintance. In my early teens I was, for one year, a member of a boy-choir. Barring my voice, I was a good chorister, and, like all good choir-boys, I was distinguished by that seraphic passiveness from which a reaction of some kind is to be expected immediately after a service or rehearsal. On one occasion this reaction in me

manifested itself in a fist fight with a fellow choir-boy. Though I cannot recall the time when I have not relished verbal encounters, physical encounters had never been to my taste, and I did not seek this fight. My assailant really goaded me into it. If the honors were not mine, at least I must have acquitted myself creditably, for an interested passer-by made a remark which I have never forgotten: "That boy is all right after he gets started," said he. About twelve years later I did get started, and could that passer-by have seen me on any one of several occasions, he would have had the satisfaction of knowing that his was a prophetic eye.

In June, 1894, I received a High School diploma. Shortly afterwards I took my examinations for Yale, and the following September entered the Sheffield Scientific School.

The last week of June, 1894, was an important one in my life. An event then occurred which undoubtedly changed my career completely. It was the direct cause of my mental collapse six years later, and of the distressing and, in some instances, strange and delightful experiences on which this book is based. The event was the illness of an older brother, who, late in June, 1894, was stricken with what was thought to be epilepsy. Few diseases can so disorganize a household and distress its members. My brother had enjoyed perfect health up to the time he was stricken; and, as there had never been a suggestion of epilepsy, or any like disease, in either branch of the family, the affliction came as a bolt from a clear sky. Everything possible was done to effect a cure, but without avail. On July 4th, 1900, he died at the City Hospital, in Hartford, Connecticut, after a six years' illness, two years of which were spent at home, one year in a trip around the world in a sailing vessel, and most of the remainder on a farm near Hartford. The doctors decided that a tumor at

the base of the brain had caused his malady and his death. That tumor was caused probably by a fall which he had suffered some years before, and to which no attention had been paid at the time.

As I was in college when my brother was first stricken I had more time at my disposal than the other members of the family, and for that reason spent much of it with him. Though his attacks during the first year occurred only at night, it was the fear that they might occur during the day, in public, which affected my nerves from the beginning.

Now, if a brother who had enjoyed perfect health all his life could be stricken with epilepsy, what was to prevent my being similarly afflicted? This was the thought that soon got possession of my mind. The more I considered it and him, the more nervous I became; and the more nervous, the more convinced that my own breakdown was only a question of time. Doomed to what I then considered a living death, I thought of epilepsy, I dreamed epilepsy, until thousands of times during the six years that this disquieting idea persisted, my overwrought imagination seemed to drag me to the very verge of an attack. Yet at no time during my life have these early fears been realized.

For the fourteen months succeeding the time my brother was first stricken, I was greatly harassed with fear; but not until later did my nerves really conquer me. I remember distinctly when the break came. It happened in November, 1895, during a recitation in German. That hour in the class-room was one of the most disagreeable I ever experienced. It seemed as if my nerves had snapped, like so many minute bands of rubber stretched beyond their elastic limit. At this time, and on many subsequent like occasions, the one thought uppermost in my mind, though I gave no outward evidence of my great despair, was that my psychic

convulsion would become physical. My imagination seemed to tear my body into shreds. Had I had the courage to leave the room, I should have done so; but I sat as if paralyzed until the class was dismissed.

That term I did not again attend recitations. Continuing my studies at home I passed satisfactory examinations which enabled me to resume my place in the class-room the following January. During the remainder of my college years I seldom entered a recitation-room with any other feeling than that of dread, though the absolute assurance that I should not be called upon to recite did mitigate the misery. The professors, who had been told about my state of health and the cause of it, invariably treated me with consideration; but, though I believe they never doubted the genuineness of my excuse, it was no easy matter to keep them convinced for almost two of the three years of my course. My inability to recite was not due usually to any lack of preparation. However well prepared I might be, the moment a professor called upon me to recite, a mingling of a thousand disconcerting sensations, and the distinct thought that at last the dread attack was at hand, would suddenly intervene and deprive me of all but the power to say, "Not prepared." Weeks would pass without any other record being placed opposite my name than a zero, or a blank indicating that I had not been called upon at all. Occasionally, however, a professor, in justice to himself and to the other students, would compel me to recite, and at such times I managed to make enough of a recitation to hold my place in the class.

When I entered Yale I had four definite ambitions: first, to secure an election to a certain secret society; second, to become one of the editors of the *Yale Record*, an illustrated humorous bi-weekly; third (granting that I should have succeeded in this latter ambition), to convince my col-

leagues that I should have the position of business-manager — an office which I sought, not for the honor, but because I believed it would enable me to earn an amount of money at least equal to the cost of tuition for my three years at Yale; fourth (and this was my chief ambition), to win my diploma within the prescribed time. These four ambitions I fortunately achieved.

A man's college days, collectively, are usually his happiest. Most of mine were not happy. Yet I look back upon them with great satisfaction, for I feel that I was fortunate enough to absorb some of that intangible but very real element known as the "Yale spirit." This has helped to keep Hope alive within me during my most discouraged moments, and now makes the accomplishment of my purpose seem easy and sure.

III

On the thirtieth day of June, 1897, I was graduated at Yale. Had I then realized that I was a sick man I could and would have taken a rest; but, in a way, I had become accustomed to the ups and downs of a nervous existence, and, as I could not really afford a rest, six days after my graduation I entered upon the duties of a clerk in the office of the Collector of Taxes in the city of New Haven. I was fortunate in securing such a position at that time, for the hours were comparatively short and the work as congenial as any could have been under the circumstances. I entered the Tax Office with the intention of staying only until such time as I should secure a position in New York. About a year later I secured the desired position. After remaining in it for eight months (with the firm whose employ I re-entered in 1904), I left it, in order to take a position which seemed to offer a field of endeavor more to my taste. From May, 1899, till the middle of June, 1900, I was a clerk in one of the smaller life insurance companies, whose home office was within a stone's throw of what some men consider the center of the universe. To be in the very heart of the financial district of New York appealed strongly to my imagination. As a result of certain mistaken ideals, the making of money was then a passion with me. I foolishly wished to taste the bitter-sweet of power based on wealth.

For the first eighteen months of my life in New York, my health seemed no worse than it had been during the preceding three years. The old dread still possessed me. I continued

to have my more and less nervous days, weeks, and months. In March, 1900, however, there came a change for the worse. At that time I had a severe attack of grip which incapacitated me for two weeks. As was to be expected in my case, this illness seriously depleted my vitality, and left me in a frightfully depressed condition — a depression which continued to grow upon me until the final crash came, on June 23d, 1900. The events of that day, seemingly disastrous as then viewed, but all for the best as the issue proved, forced me along paths traveled by thousands, but comprehended by few.

I had continued to perform my clerical duties until June 15th. On that day I was compelled to stop, and that at once. I had reached a point where my will had to capitulate to Unreason — that unscrupulous usurper. My previous five years as a neurasthenic had led me to believe that I had experienced all the disagreeable sensations an overworked and unstrung nervous system could suffer. But on this day several new and terrifying sensations seized me and rendered me all but helpless. My condition, however, was not apparent even to those who worked with me at the same desk. I remember trying to speak and at times finding myself unable to give utterance to my thoughts. Though I was able to answer questions, that fact hardly diminished my feeling of apprehension, for a single failure in an attempt to speak will stagger any man, no matter what his state of health. I tried to copy certain records in the day's work, but my hand was too unsteady, and I found it difficult to read the words and figures presented to my tired vision in blurred confusion.

That afternoon, conscious that some terrible calamity was impending, but not knowing what would be its nature, I performed a very curious act. Certain early literary efforts

which had failed of publication in the college paper, but which I had jealously cherished for several years, I utterly destroyed. Then, after a hurried arrangement of my affairs, I took an early afternoon train, and soon found myself at home. Home life did not make me better, and, except for three or four short walks, I did not go out of the house at all until June 23d, when I went in a most unusual way. To relatives I said little about my state of health, beyond the general statement that I had never felt worse — a statement which, when made by a neurasthenic, means much but proves little. For five years I had had my ups and downs, and both my relatives and myself had begun to look upon these as things which would probably be corrected in and by time. Had the seriousness of my condition been realized, earlier arrangements would have been made which would have enabled me to take the long rest I needed. I am now glad that no such rest was taken. Had I been restored to health sooner than I was, or under different conditions, I should not have suffered and learned; nor should I have tasted the peculiar joy of a life little known and less understood by mankind at large.

The day after my home-coming I made up my mind, or that part of it which was still within my control, that the time had come to quit business entirely and take a rest of months. I even arranged with a younger brother to set out at once for some quiet place in the White Mountains, where I hoped to steady my shattered nerves. At this time (to say nothing of the constantly recurring thought that I was about to fall into an epileptic attack) I felt as though in a tremor from head to foot.

This dread to which I so frequently refer was a thing which I seldom, if ever, referred to while it persisted. On more than one occasion I did say to my friends that I would rather

die than live an epileptic; yet, if I rightly remember, I never declared the actual fear that I was doomed to bear such an affliction. However, I believe that I said on a few occasions, though without meaning it at the time, that, if necessary, I should kill myself rather than endure what I then thought, but do not now think, the most miserable of lives. Though I held the mad belief that I should suffer epilepsy, I held the sane hope, amounting to belief, that I should escape it. This fact may account, in a measure, for my six years of endurance.

On the 18th of June I felt so much worse that I went to my bed and stayed there until the 23d. During the night of the 18th my persistent dread became a false belief — a delusion. What I had long expected I now became convinced had at last occurred. I believed myself to be a confirmed epileptic, and that conviction was stronger than any ever held by a sound intellect. The half-resolve, made before my mind was actually impaired, namely, that I would kill myself rather than live the life I dreaded, now divided my attention with the belief that the stroke had fallen. From that time my one thought was to hasten the end, for I felt that I should lose the chance to die should relatives find me in a seizure of the supposed malady.

Considering the state of my mind and my inability at that time to appreciate the enormity of such an end as I half contemplated, my suicidal purpose was not entirely selfish. That I had never seriously contemplated suicide is proved by the fact that I had not provided myself with the means of accomplishing it, despite my habit, which has long been remarked by those intimately acquainted with me, of preparing for unlikely contingencies. So far as I had the control of my faculties, it must be admitted that I deliberated; but, strictly speaking, the rash act which followed cannot correctly be

called an attempt at suicide — for, how can a man who is not himself kill himself?

Soon my disordered brain was busy with schemes for death. I distinctly remember one which included a row on Lake Whitney, near New Haven. This row I intended to take in the most treacherous boat obtainable. Such a craft could be easily upset, and I should so bequeath to relatives and friends a sufficient number of reasonable doubts to rob my death of the usual stigma. I also remember searching for some deadly drug which I hoped to find about the house. But the quantity and quality of what I found was not such as I dared to trust. I then thought of severing my jugular vein, even going so far as to test against my throat the edge of a razor which, after the deadly impulse first asserted itself, I had secreted in a convenient place. I really wished to die, but so uncertain and bloody a method did not appeal to me. Nevertheless, had I felt sure that in my tremulous frenzy I could accomplish the act with skilful dispatch, I should at once have ended my troubles.

My imaginary attacks were now recurring with distracting frequency, and I was in constant fear of discovery. During these three or four days I slept scarcely at all — even the medicine given to induce sleep having little effect. Though inwardly frenzied, I gave no outward sign of my condition. Most of the time I remained quietly in bed. I spoke but seldom. I had practically, though not entirely, lost the power of speech; and my almost unbroken silence aroused no suspicions as to the seriousness of my plight.

By a process of elimination, all suicidal methods but one had at last been put aside. On that one my mind now centered. My room was on the fourth floor of a house — one of a block of five — in which my parents lived. The house stood several feet back from the street. The sills of my win-

dows were a little more than thirty feet above the ground. Under one was a flag pavement, extending from the house to the front gate. Under the other was a rectangular coal-hole covered with an iron grating. This was surrounded by flagging over a foot in width; and, connecting it and the pavement proper, was another flag. So that all along the front of the house, stone or iron filled a space at no point less than two feet in width. It required no great amount of calculation to determine how slight the chance of surviving a fall from either of these windows.

About dawn I arose. Stealthily I approached the window, pushed open the blinds and looked out — and down. Then I closed the blinds as noiselessly as possible and crept back to bed: I had not yet become so desperate that I dared to take the leap. Scarcely had I pulled up the covering when a watchful relative entered my room, drawn thither perhaps by that protecting prescience which love inspires. I thought her words revealed a suspicion that she had heard me at the window, and speechless as I was I had enough speech to deceive her. For, of what account are Truth and Love when Life itself has ceased to seem desirable?

The dawn soon hid itself in the brilliancy of a perfect June day. Never had I seen a brighter — to look at; never a darker — to live through, — or a better to die upon. Its very perfection and the songs of the robins, which at that season were plentiful in the neighborhood, served but to increase my despair and make me the more willing to die. As the day wore on my anguish became more intense, but I managed to mislead those about me by uttering a word now and then, and feigning to read a newspaper, which to me, however, appeared an unintelligible confusion of type. My brain was in a ferment. It felt as if pricked by a million needles at white heat. My whole body felt as though it

would be torn apart by the terrific nervous strain under which I labored.

Shortly after noon, dinner having been served, my mother entered the room and asked me if she should bring me some dessert. I assented. It was not that I cared for the dessert; I had no appetite. I wished to get her out of the room, for I believed myself to be on the verge of another attack. She left at once. I knew that in two or three minutes she would return. The crisis seemed at hand. It was now or never for liberation. She had probably descended one of three flights of stairs when, with the mad desire to dash my brains out on the pavement below, I rushed to that window which was directly over the flag walk. Providence must have guided my movements, for in some otherwise unaccountable way, on the very point of hurling myself out bodily, I chose to drop feet foremost instead. With my fingers I clung for a moment to the sill. Then I let go. In falling my body turned so as to bring my right side toward the building. I struck the ground a little more than two feet from the foundation of the house, and at least three to the left of the point from which I started. Missing the stone pavement by not more than three or four inches, I struck on comparatively soft earth. My position must have been almost upright, for both heels struck the ground squarely. The concussion slightly crushed one heel bone and broke most of the small bones in the arch of each foot, but there was no mutilation of the flesh. As my feet struck the ground my right hand struck hard against the front of the house, and it is probable that these three points of contact divided the force of the shock and prevented my back from being broken. As it was, it narrowly escaped a fracture and, for several weeks afterward, it felt as if powdered glass had been substituted for cartilage between the vertebræ.

I did not lose consciousness even for a second, and the demoniacal dread, which had possessed me from June, 1894, until this fall to earth just six years later, was dispelled the instant I struck the ground. At no time since that instant have I experienced one of my imaginary attacks; nor has my mind even for a moment entertained such an idea. The little demon which had tortured me relentlessly for six years evidently lacked the stamina which I must have had to survive the shock of my suddenly arrested flight through space. That the very delusion which drove me to a death-loving desperation should so suddenly vanish, seems to me to indicate that many a suicide might be averted if the person contemplating it could find the proper assistance when such a crisis impends.

IV

Though I was unquestionably insane before the physical injuries which I sustained, I am inclined to believe that without the injuries my insanity would have manifested itself in a mild and easily curable form. As it was, the mere shock to my spine affected my brain and complicated my case. Within a few hours after my fall my brain was in a seriously disordered condition.

I have my own perhaps fanciful theory regarding the effect of that concussion. In physics, the fact that a change of molecular structure in a magnetized bar of soft iron will change the character of its magnetism is proved by a very simple and interesting experiment. If a magnet in the shape of a straight bar be held vertically, the top of the magnet being positive and the bottom negative, the positive end may be immediately changed to negative, and the negative to positive, if either be struck a sharp blow with a hammer. The character of the magnetism may be changed as frequently as the experimenter wishes by thus striking the two ends alternately. Now if the naturally positive end be left negatively magnetized, and the magnet then be laid aside, it will gradually lose its negative quality and eventually become positive as at first. This return of the iron to its normal character is due to an irresistible tendency of the molecules to re-adjust themselves and take their original relative positions.

The human body, like every physical object, including the earth, is, potentially at least, a magnet. My body as it hung

from the window-sill was feebly positive, as it were, at the top. If the molecular structure of a bar of iron can be changed by a slight blow, it seems reasonable to suppose that the molecular structure of the human body, and especially of the nervous system, may be completely altered by such a blow as my body received when my feet struck the ground. As in the case of a magnet left in a state of magnetism other than its normal, the molecular structure of my body was left to re-adjust itself by the slow process of time. And, after a period of over three years, it finally did become sufficiently positive at the top to enter again the magnetic field of sane, human endeavor.

It was squarely in front of the dining-room window that I fell, and those at dinner were more startled than I. It took them a second or two to realize what had happened. Then my younger brother rushed out, and with other assistance carried me into the house. Naturally that dinner was permanently interrupted. A mattress was placed on the floor of the dining-room and I on that, suffering intensely. I said little, but what I said was significant. "I thought I had epilepsy!" was my first remark; and several times I said, "I wish it was over!" For I believed that my death was only a question of hours. To the doctors, who soon arrived, I said, "My back is broken!" — raising myself slightly, however, as I said so.

An ambulance soon arrived, in which I was placed. Because of the nature of my injuries it was necessary that the ambulance proceed slowly. The trip of a mile and a half seemed interminable, but in due time I arrived at Grace Hospital and was placed in a room which soon became a chamber of torture. It was on the second floor; and the

first object to engage my attention and stir my imagination was a man who appeared outside my window and placed in position several heavy iron bars. These were, of course, for my protection, but at that time no such idea occurred to me. My mind was in a delusional state, ready and eager to adopt any external stimulus as a pretext for its wild inventions, and that barred window started a terrible train of delusions which persisted for seven hundred and ninety-eight days. During that period my mind imprisoned both mind and body in a dungeon than which none was ever more secure.

Knowing that those who attempt suicide are usually placed under arrest, I believed myself under legal restraint. I imagined that at any moment I might be taken to court to face some charge lodged against me by the local police. Every act of those about me seemed to be a part of what, in police parlance, is commonly called, the "Third Degree." The hot poultices placed upon my feet and ankles threw me into a profuse perspiration, and my very active association of mad ideas convinced me that I was being "sweated" — another police term which I had often seen in the newspapers. I inferred that this third-degree sweating process was being inflicted in order to extort some kind of a confession, though what my captors wished me to confess I could not for my life imagine. As I was really in a state of delirium, with high fever, I had an insatiable thirst. The only liquids given me were hot saline solutions. Though there was good reason for administering these, I believed they were designed for no other purpose than to increase my sufferings, as a part of the same inquisitorial process. But had a confession been due I could hardly have made it, for that part of my brain which controls the power of speech was seriously affected, and was soon to be further disabled by my ungovernable thoughts. Only an occasional word did I utter.

Certain hallucinations of hearing, or "false voices," added to my torture. Within my range of hearing, but beyond the reach of my understanding, there was a hellish vocal hum. Now and then I would recognize the subdued voice of a former friend; now and then I would hear the voices of some who I believed were not friends. All these referred to me and uttered what I could not clearly distinguish, but knew must be imprecations. Ghostly rappings on the walls and ceiling of my room punctuated unintelligible mumblings of invisible persecutors. Those were long nights.

I remember distinctly my delusion of the following day — Sunday. I seemed to be no longer in the hospital. In some mysterious way I had been spirited aboard a huge ocean steamship. I first discovered this when the ship was in mid-ocean. The day was clear, the sea apparently calm, but for all that, the ship was slowly sinking. And it was I, of course, who had brought on what must turn out fatally for all, unless the coast of Europe could be reached before the water in the hold should extinguish the fires. How had this peril overtaken us? Simply enough: During the night I had in some way — a way still unknown to me — opened a port-hole below the water-line; and those in charge of the vessel seemed powerless to close it. Every now and then I could hear parts of the vessel give way under the strain. I could hear the air hiss and whistle spitefully under the resistless impact of the invading waters; I could hear the crashing of timbers as partitions were wrecked; and as the water rushed in at one place I could see, at another, scores of helpless passengers swept overboard into the sea — my unintended victims. I believed that I too might at any moment be swept away. That I was not thrown into the sea by vengeful fellow-passengers was, I thought, due to their desire to keep me alive until, if possible, land should

be reached, when a more painful death could be inflicted upon me.

While aboard my phantom-ship I managed in some way to establish an electric railway system; and the trolley cars which passed the hospital were soon running along the deck of my ocean-liner, carrying passengers from the places of peril in the ship's hold to what seemed places of comparative safety at the bow. Every time I heard a car pass the hospital one of mine went clanging along the ship's deck.

This feverish day-dream is less remarkable than the external stimuli which excited it. As I have since ascertained there was, just outside my room, an elevator and near it a speaking tube. Whenever the speaking-tube was used from another part of the building, the summoning whistle conveyed to my mind the idea of the exhaustion of air in a ship-compartment, and the opening and shutting of the elevator door completed the illusion of a ship fast going to pieces. But the ship my mind was on never reached any shore, nor did she sink. Like a mirage she vanished, and again I found myself safe in my bed at the hospital. "Safe," did I say? Scarcely that, — for deliverance from one impending disaster simply meant immediate precipitation into another.

My delirium gradually subsided, and four or five days after the 23d the doctors were able to set my broken bones. To my gradually increasing insanity the operation suggested new delusions. Shortly before the adjustment of the plaster casts, my legs, for obvious reasons, were shaved from shin to calf. This unusual tonsorial operation I read for a sign of degradation — associating it with what I had heard of the treatment of murderers and with similar customs in more barbarous lands. It was about this time also that strips of court-plaster, in the form of a cross, were placed on my brow,

which had been slightly scratched in my fall, and this I read for a brand of infamy.

Had my health been good I should at this time have been participating in the Triennial of my class at Yale. Indeed, I was a member of the Triennial Committee and though, when I left New York on June 15th, I had been feeling terribly ill, I had then hoped to brace myself for the anticipated pleasures of the reunion. The class reunions were held on Tuesday, June 26th — three days after my collapse. Those familiar with Yale customs know that the Harvard baseball game is one of the chief events of the commencement season. Headed by brass bands, all the classes whose reunions fall in the same year, march to the Yale Athletic Field to see the game and renew their youth — using up as much vigor in one delirious day as would insure a ripe old age if less prodigally expended. These classes with their bands and cheering, accompanied by thousands of other vociferating enthusiasts, march through West Chapel Street — the most direct route from the Campus to the Field. It is upon this line of march that Grace Hospital is situated, and I knew that on the day of the game the Yale thousands would pass the scene of my incarceration.

I have endured so many days of the most exquisite torture that I hesitate to distinguish among them by degrees; each deserves its own unique place, even as a Saint's Day on the calendar of an olden Spanish inquisitor. But, if the palm is to be awarded to any, June 26th, 1900, perhaps has the first claim.

My state of mind at this time might be pictured thus: The criminal charge of attempted suicide stood against me on June 23d. By the 26th many other and worse charges had accumulated. The public believed me the most despicable member of my race. The papers were filled with

accounts of my misdeeds. The thousands of collegians gathered in the city, many of whom I knew personally, loathed the very thought that a Yale man should so disgrace his Alma Mater. And when they approached the hospital on their way to the Athletic Field, I concluded that it was their intention to take me from my bed, drag me to the lawn, and there tear me limb from limb. Few incidents during my unhappiest years are more vividly or circumstantially impressed upon my memory. The fear, to be sure, was absurd, but in the lurid lexicon of Unreason there is no such word as "absurd." The college cries which filled the air that afternoon struck more terror to my heart than all the Yale cheers of history have struck to the hearts of vanquished rivals on field or water.

V

NATURALLY I was suspicious of all about me, and became more so each day. But not until about a month after my hurt did I refuse to recognize my relatives. While I was at Grace Hospital my father and eldest brother called almost every day to see me, and, though I said little, I still accepted them in their proper characters. I remember well a conversation one morning with my father. The words I uttered were few but full of meaning. Shortly before this time my death had been momentarily expected. I still believed that I was surely about to die as a result of my injuries, and I wished in some way to let my father know that, despite my apparently ignominious end, I appreciated all that he had done for me during my life. Few men, I believe, ever had a more painful time in expressing their feelings than I had on that occasion. I had but little control over my mind, and my power of speech was impaired. My father sat beside my bed. Looking up at him, I said, "You have been a good father to me."

"I have always tried to be," was his characteristic reply.

After the broken bones had been set, and the first effects of the severe shock I had sustained had worn off, I began to gain strength. About the third week I was able to sit up and was occasionally taken out of doors. But each day, and especially during the hours of the night, my delusions increased in force and variety. The world was fast becoming to me a stage on which every human being within the range of my senses seemed to be playing a part, and that a part

which would lead not only to my destruction (for which I cared little), but also to the ruin of all with whom I had ever come in contact. In the month of July several thunderstorms occurred. To me the thunder was "stage" thunder, the lightning, man-made, and the accompanying rain due to some clever contrivance of my persecutors. There was a chapel connected with the hospital — or at least a room where religious services were held every Sunday. To me the hymns were funeral dirges; and the mumbled prayers, faintly audible, were in behalf of every sufferer in the world but one.

It was my eldest brother who looked after my care and interests during my entire illness. Toward the end of July, he informed me that I was to be taken home again. I must have given him an incredulous look, for he said, "Don't you think we can take you home? Well, we can and will." Believing myself in the hands of the police I did not see how that was possible. Nor did I have any desire to return. That a man who had disgraced his family should again enter his old home, and expect his relatives to treat him as though nothing were changed, was a thought against which my whole nature rebelled; and, when the day came for my return, I fought my brother and the doctor feebly as they lifted me from the bed. But, realizing the uselessness of resistance, I soon submitted, was placed in a carriage, and driven to the house I had left a month earlier.

For a few hours my mind was easier than it had been. But my new-found ease was soon dispelled by the appearance of a nurse — one of several who had attended me at the hospital. Though at home and surrounded by relatives I

jumped at the conclusion that I was still under police surveillance. At my request my brother had promised not to engage any nurse who had been in attendance at the hospital. The difficulty of procuring any other led him to disregard my request, which at the time he held simply as a whim. But he did not disregard it entirely, for the nurse selected had merely acted as a substitute on one occasion, and then only for about an hour. That was long enough, though, for my memory to become acquainted with her image. My brother's mistake was grave, for the unintentional breaking of that promise broke the only remaining thread that bound me to the world. And it is now clear to my judgment that the most trifling promise, direct or implied, made under such circumstances, should, if possible, be carried out to the letter. This question I have since discussed with alienists, all of whom agree with me. Suspicion cannot be overcome by being fed upon untruth itself, and suspicion is the condition of most unbalanced minds. I am convinced that the unhappiness of many such would be greatly decreased if, as nearly as possible, they received at the hands of sane persons the treatment accorded sane persons. It should never be taken for granted that a perverted mind cannot detect a perverted moral act. To gain the shattered confidence of suspicious insane patients, their treatment should be consistently honest and kind. But let me in all justice and all gratitude emphasize the fact that my brother was not to blame for his error of judgment; and without abating a jot of my conviction that such little subterfuges are injurious to the patient and should be scrupulously avoided — most of all by his relatives, and by the doctors and nurses in charge of him — I must add that, of course, had it not been this incident, almost any other would as surely have precipitated the plunge to chaos of my swaying reason.

Finding myself still under surveillance, I soon jumped to a second conclusion, namely: that this was no brother of mine at all. He instantly appeared in the light of a sinister double, acting as a detective. After that I refused absolutely to speak to him again, and this repudiation I extended to all other relatives, friends, and acquaintances. If the man I had accepted as my brother was spurious, so were all the rest — such was my deduction. For more than two years I was without relatives or friends, in fact, a man without a world, except that one created by my own mind from the chaos that reigned within it. Having lost all touch, even with my mother and father whom I had seen, naturally God, whom I had not seen, ceased to exist for me. Thus I was denied the comfort which comes to so many in distress.

While I was at Grace Hospital it was my sense of hearing which was the most disturbed. Soon after I was placed in my room at home all of my senses became perverted. I still heard the "false voices" — which were doubly false, for Truth no longer existed. The tricks played upon me by my perverted senses of taste, touch, smell, and sight were the source of great mental anguish. None of my food had its usual flavor. This soon led to that common delusion that some of it contained poison — not deadly poison, for I knew that my enemies hated me too much to allow me the boon of death, but poison sufficient to aggravate my discomfort. At breakfast I had cantaloupe, liberally sprinkled with salt. The salt seemed to pucker my mouth, and I believed it to be powdered alum. Usually, with my supper, sliced peaches were served. Though there was sugar on the peaches, salt would have done as well. Salt, sugar, and powdered alum had become the same to me.

Familiar materials had acquired a different "feel." In the dark, the bed sheets at times seemed like silk. As I had not

been born with a golden spoon in my mouth, or other accessories of a useless luxury, I believed the detectives had provided these silken sheets for some hostile purpose of their own. What that purpose was I could not divine, and my very inability to arrive at a satisfactory conclusion stimulated my brain to the assembling of disturbing thoughts in an almost endless train. Thus does a perverted sense grow by what it feeds on.

Imaginary breezes struck my face, gentle, but not welcome, most of them from parts of the room where currents of air could not possibly originate. They seemed to come from cracks in the walls and ceiling and annoyed me exceedingly. I thought them in some way related to that Chinese method of torture by which water is allowed to strike the victim's forehead, a drop at a time, until death releases him.

The old doctrine of brimstone, Hell-fire, and damnation is not so difficult for me to believe as it is for that type of saint who would get to Glory easily, or, at least, substitute for Heaven a sweet and unmerited oblivion. For does not the Devil lurk in one's nasal passages? Stifling fumes of sulphur are as the crisp air of wooded glens compared to the odor of burning human flesh and other pestilential fumes which seemed to assail me.

My sense of sight was subjected to many weird and uncanny effects. Phantasmagoric visions made their visitations throughout the night, for a time with such regularity that I used to await their coming with a certain restrained curiosity. Although I was not entirely unaware that something was ailing with my mind, I did not accept these visions, or any other abnormal effects of sense, as symptoms of insanity. All these horrors I took for the work of detectives, who sat up nights racking their brains in order to rack and utterly wreck my own with a cruel and unfair "Third Degree."

Handwriting on the wall has ever struck terror to the hearts of sane men. I remember as one of my most unpleasant experiences that I began to see handwriting on the sheets of my bed staring me in the face, and not me alone, but also the spurious relatives who often stood or sat near me. On each fresh sheet placed over me I would soon begin to see words, sentences, and signatures, all in my own handwriting. Yet I could not decipher any of the words, and this fact dismayed me, for I firmly believed that those who stood about could read them all and found them to be incriminating evidence.

I imagined that these vision-like effects, with few exceptions, were produced by a magic-lantern, controlled by some of my myriad persecutors. The lantern was rather a cinematographic contrivance. Moving pictures, often brilliantly colored, were thrown on the ceiling of my room and sometimes on the sheets of my bed. Human bodies, dismembered and gory, were one of the most common of these. All this may have been due to the fact that, as a boy, I had fed my imagination on the sensational news of the day as presented in the public press. These papers I had been accustomed to read thoroughly, reading first the worst news and ending with the best — if I had time. Despite the heavy penalty which I now paid for thus loading my mind, I believe this unwise indulgence gave a breadth and variety to my peculiar psychological experience which it otherwise would have lacked. For with an insane ingenuity I managed to connect myself with almost every crime of importance of which I had ever read.

Dismembered human bodies were not alone my bed-fellows at this time. I remember one vision of vivid beauty. Swarms of butterflies and large and gorgeous moths appeared on the sheets. That sight I really enjoyed, knowing that

the pretty creatures were not alive; and I wished that the usually unkind operator would continue to minister to my æsthetic taste by feeding it on colors so rich and so faultlessly combined. Another pleasing vision appeared about twilight several days in succession. I can trace it directly to impressions gained in early childhood. The quaint pictures by Kate Greenaway — little children in attractive dress, playing in old-fashioned gardens — would float through space just outside my windows. The pictures were always accompanied by the gleeful shouts of real children in the neighborhood, who, before being sent to bed by watchful parents, devoted the last hour of the day to play. It was their shouts that stirred my memories of childhood and brought forth these pictures.

In my chamber of intermittent horrors and momentary delights, uncanny occurrences were frequent. I believed there was some one who at fall of night secreted himself under my bed. That in itself was not peculiar, as sane persons, at one time or another, are troubled by that same notion. But *my* bed-fellow — under the bed — was a detective; and he spent most of his time during the night pressing pieces of ice against my injured heels, to precipitate, as I thought, my overdue confession.

The piece of ice in the pitcher of water which stood usually on the table clinked against the pitcher's side as its center of gravity shifted through melting. It was many days before I reasoned out the cause of this sound; and until I did I supposed it to be produced by some mechanical device resorted to by the detectives for a purpose. Thus it is that the most trifling occurrence assumes vast significance to an unsound mind afflicted with certain types of delusion.

VI

After remaining at home for about a month, during which time I showed no improvement mentally, though I did gain physically, I was taken to a private sanatorium. My destination was frankly disclosed to me. But my habit of disbelief had now become confirmed, and I thought myself on the way to a trial in New York City, for some one of the many crimes with which I stood charged.

My emotions on leaving New Haven were, I imagine, much the same as those of a condemned and penitent criminal who looks upon the world for the last time. The day was hot, and, as we drove to the railway station, the blinds on most of the houses in the streets through which we passed were seen to be closed. The reason for this was not then apparent to me. I thought I saw an unbroken line of deserted houses, and I imagined that their desertion had been deliberately planned as a sign of displeasure on the part of their former occupants. As citizens of New Haven I supposed them bitterly ashamed of such a despicable inhabitant as myself. Because of the early hour, the streets were practically deserted. This fact too I interpreted to my own disadvantage; and, as the carriage crossed the main business thoroughfare, I took what I believed to be my last look at that portion of my native city.

From the carriage I was carried to the train and placed in the smoking-car in the last seat on the right-hand side. The back of the seat next in front was reversed so that my legs might be placed in a comfortable position, and one of

the boards used by card-playing travelers was placed beneath them as a support. With a consistent degree of suspicion I paid particular attention to a blue mark on the face of the railroad ticket held by my custodian. I took it to be a means of identification for use in court, but wherefore, I knew not.

That one's memory may perform its function in the grip of Unreason itself is proved by the fact that my memory retains an impression, and an accurate one, of virtually everything that befell me, except when under the influence of an anæsthetic or in the unconscious hours of undisturbed sleep. Important events, trifling conversations, and more trifling thoughts of my own, are now recalled with ease and accuracy; whereas, prior to my illness and up to August 30th, 1902, when I again got in touch with my own world, mine was an ordinary memory when it was not noticeably poor. At school and in college I stood lowest in those studies in which success depended largely upon this faculty. Psychiatrists inform me that it is not unusual for patients afflicted as I was to retain accurate impressions of their experiences while ill. To laymen this may seem almost miraculous, yet it is not so; nor is it even remarkable. Assuming that an insane person's memory is capable of recording impressions at all, remembrance, for one in the torturing grip of delusions of persecution, should be doubly easy. This deduction is in accord with the accepted psychological law: that the retention of an impression in the memory depends largely upon the intensity of the impression itself, and the frequency of its repetition. Fearing to speak lest I should incriminate myself and others, gave to my impressions the requisite intensity, and the daily recurrence of the same general line of thought served to fix all impressions in my then supersensitive memory.

Shortly before seven in the morning, *en route* to the sanatorium, the train passed through a manufacturing center. Many workmen were lounging in front of a factory, most of them reading newspapers. I believed these papers contained an account of me and my crimes, and I thought everyone along the route knew who I was and what I was, and that I was on that particular train. Few seemed to pay any attention to me, yet this very fact looked to be a part of some well laid plan of the detectives.

The sanatorium for which I was destined was situated in the country, and when we reached a certain station I was carried from the train to a carriage and driven thither. Just as we alighted from the train I caught sight of a former college acquaintance, whose appearance I thought was designed to let me know that Yale, which I believed I had disgraced, was one of the powers behind my throne of torture.

Soon after I reached my room in the sanatorium, the supervisor entered. Drawing a table close to the bed he placed upon it a slip of paper which he asked me to sign. I looked upon this as a trick of the detectives to get a specimen of my handwriting. I now know that the signing of the slip is a legal requirement, with which every patient is supposed to comply upon entering such an institution — private in character — unless he has been committed by some court. The exact wording of this "voluntary commitment" I do not now recall; but, in substance, it was an agreement to abide by the rules of the institution — whatever *they* were — and to submit to such restraint as might be deemed necessary. Had I not felt the weight of the world on my shoulders, I believe my sense of humor would have caused me to laugh outright. For the signing of such an agreement by one so situated was, even to my mind, a farce. After much coaxing I was induced to go so far as to

take the pen in my hand. There I hesitated. The supervisor apparently thought I might write with more ease if the paper were placed on a book. And so I might, had he selected a book of a different title. One more likely to arouse suspicions in my mind could not have been found in a search of the Congressional Library. I had left New York on June 15th, and it was now in the direction of that city that my present trip had taken me. I considered this but the first step of my return under the auspices of the Police Department. "Called Back" was the title of the book that stared me in the face. After refusing for a long time I finally weakened and signed the slip; but I did not place it on the book. To have done that would, in my mind, have been tantamount to giving consent to extradition; and I was in no mood to assist the detectives in their mean work.

At what cost had I signed that commitment slip? To me it was the act of signing my own death-warrant. And why should one in my irresponsible condition have been forced to undergo so heart-breaking an ordeal? If I was a mental incompetent — and I was — why go through a senseless formality, meaningless in the eyes of the law which declares an insane person incapable of intelligent and binding action? Under such conditions a patient should not be annoyed, and in some instances tortured, by being compelled to attend to the details of his own commitment. As well ask the condemned to adjust the noose. I am not opposed to "voluntary commitments." I simply plead for their confinement to cases in which the patient sufficiently appreciates his condition to be able to make a choice. If he be past that condition let

the law authorize some relative or friend to look after his commitment and, together with competent doctors, assume the entire responsibility for depriving him of his liberty. Though I have ventured one suggestion regarding commitments, I shall not at this time presume to attack the problem involved. Its solution can come only after the ablest members of the medical and legal professions have given it the consideration it deserves.

During the entire time that my delusions of persecution, as they are called, persisted, I could not but respect the mind which had laid out so comprehensive and devilishly ingenious and, at times, artistic a "Third Degree," as I was called upon to bear. And an innate modesty (more or less fugitive since these peculiar experiences) does not forbid my mentioning the fact that I still respect that mind.

Suffering, such as I endured during the month of August in my own home, continued with gradually lessening force during the eight months I remained in this sanatorium. Nevertheless my suffering during the first four of these eight months was intense. All my senses were still perverted. My sense of sight was the first to right itself — nearly enough, at least, to rob the detectives of their moving pictures. But, before the last fitful film had run through my mind, I beheld one which I shall now describe. I can trace it directly to an impression made on my memory about two years earlier, when I was still sane.

Shortly after going to New York to live I had explored the Eden Musée. One of the most grewsome of the spectacles which I had seen in its famed Chamber of Horrors was a representation of a gorilla, holding in its arms the gory body of a woman. It was that impression which now revived

in my mind. But, by a process strictly in accordance with Darwin's theory, the Eden Musée gorilla had become a man — in appearance, not unlike the beast that had inspired my distorted thought. This man held a bloody dagger which he repeatedly plunged into the woman's breast. The apparition did not terrify me at all. In fact I found it interesting, for I looked upon it as a contrivance of the detectives. Its purpose I could not imagine, and it distressed me the less as I reasoned that no additional criminal charges could make my situation worse than it already was.

For a month or two, "false voices" continued to annoy me. And if there is a hell conducted on the principles of my temporary hell, gossipers will one day wish they had attended strictly to their own business. This is not a confession. I am no gossiper, though I cannot deny that I have occasionally gossiped — a little. And this was my punishment: persons in an adjoining room seemed to be repeating with reference to me the very same things which I had said of others on these communicative occasions. I supposed that those whom I had talked about had in some way found me out, and intended now to take their revenge. If all makers of idle talk could be put through such a corrective course, idle talkers would be abolished from the earth.

My sense of smell, too, became normal; but my sense of taste was slow in recovering. At each meal, poison was still the *pièce de résistance*, and it was not surprising that I sometimes dallied one, two, or three hours over a meal, and often ended by not eating it at all.

There was, however, another reason for my frequent refusal to take food, in my belief that the detectives had resorted to a more subtle method of detection. They now intended by each article of food to suggest a certain idea, and I was expected to recognize the idea thus suggested.

Conviction or acquittal depended upon my correct interpretation of their symbols, and my interpretation was to be signified by my eating, or not eating, the several kinds of food placed before me. To have eaten a burnt crust of bread would have been a confession of arson. Why? Simply because the charred crust suggested fire; and, as bread is the staff of life, would it not be an inevitable deduction that life had been destroyed — destroyed by fire — and that I was the destroyer? On one day to eat a given article of food meant confession. The next day, or the next meal, a refusal to eat it meant confession. This complication of logic made it doubly difficult for me to keep from incriminating myself and others.

It can easily be seen that I was between several devils and the deep sea. To eat or not to eat, perplexed me more than the problem conveyed by a few shorter words perplexed a certain prince, who, had he lived a few centuries later (out of a book) might have been forced to enter a kingdom where kings and princes are made and unmade on short notice. Indeed, he might have lost his principality entirely — or, at least, his subjects; for as I later had occasion to observe, the frequency with which a dethroned reason mounts a throne and rules a world is such that self-crowned royalty in asylums for the insane receives but scant homage from the less elated members of the court.

For several weeks I ate but little. Though the desire for food was not wanting, my mind (that dog-in-the-manger) refused to let me satisfy my hunger. Coaxing by the attendants was of little avail; force was usually of less. But the threat that liquid nourishment would be administered through my nostrils sometimes prevailed, for the attribute of shrewdness was not so utterly lost that I could not choose the less of two evils.

What I looked upon as a gastronomic ruse of the detectives sometimes overcame my fear of eating. Every Sunday ice-cream was served with dinner. At the beginning of the meal a large pyramid of it would be placed before me in a saucer several sizes too small. I believed that it was never to be mine unless I first partook of the more substantial fare. As I dallied over the meal, that delicious pyramid would gradually melt, slowly filling the small saucer, which I knew could not long continue to hold all of its original contents. As this liquefying process advanced I became more indifferent to my eventual fate; and, invariably, before a drop of that precious reward had dripped from the saucer, I had eaten enough of the dinner to prove my title to the seductive dessert. Moreover, during its enjoyment, I no longer cared a whit for charges or convictions of all the crimes on the calendar. This fact is less trifling than it seems; for it proves the value of strategy as opposed to brute and sometimes brutal force, of which I shall presently give some illuminating examples.

VII

For the first few weeks after my arrival at the sanatorium, I was cared for by two attendants, one by day and one by night. I was still helpless, being unable to put my feet out of bed, much less upon the floor, and it was necessary that I be continually watched, lest an impulse to walk should seize me. After a month or six weeks I grew stronger, and from that time had but one attendant, who was with me all day, and, at night, slept in the same room.

The earliest possible dismissal of one of my two attendants was expedient for the family purse; for the charges at this, as at all other sanatoriums operated for private gain, are nothing less than extortionate. But such are the deficiencies in the prevailing treatment of the insane that relief in one respect occasions evil in another. No sooner was the number of attendants thus reduced than I was subjected to a detestable form of restraint which amounted to torture. To guard me against myself while my remaining attendant slept, my hands were imprisoned in what is known as a "muff." A "muff," innocent enough to the eyes of those who have never worn one, is in reality a relic of the Inquisition. It is an instrument of restraint which has been in use for centuries among ignorant practitioners, and even in many of our public and private institutions is still in use. Such an incident as I am about to recount cannot occur in a properly conducted institution, and that fact made its occurrence a crime, though perhaps an unintentional one; for good motives born of professional ignorance are little, if at all,

better than deliberate bad intention. The muff I wore was made of canvas, and differed in construction from a muff designed for the hands of fashion only in the inner partition, also of canvas, which separated my hands but allowed them to overlap. At either end was a strap which buckled tightly around the wrist and was locked.

The assistant physician, when he announced to me that I was to be subjected every night to this restraint, broke the news gently — so gently that I did not then know, nor did I guess for several months, why this thing was done to me. And thus it was that I drew deductions of my own which added not a little to my torture. I have already suggested that an insane person should be treated as sane in all the ways that are possible. It is a mistaken delicacy of feeling which impels doctors and others in charge to avoid any direct reference to a patient's insanity in the presence of the patient himself. I believe it would have mitigated my distress to have been told in plain English that I was insane and had, because of that condition, attempted suicide. To be sure I should perhaps have regarded those about me as suffering under a strange delusion, but I believe that the reason for their behavior would have wormed its way into my understanding months earlier than it did.

However, the physician in charge was really trying, so far as *he* knew how, to do a very disagreeable thing as delicately as possible. The gas-jet in my room was situated at a distance, and stronger light was needed to find the keyholes and lock the muff when adjusted. Hence, an attendant was standing by with a lighted candle. Seating himself on the side of the bed the physician said: "You won't try again to do what you did in New Haven, will you?" Now one may have done many things in a city where he has lived for a score of years, and it is not surprising that I failed to catch

the meaning of the doctor's question. It was only after months of secret puzzling that I at last did discover his reference to my attempted suicide. But now the burning candle in the hands of the attendant, and a certain similarity between the doctor's name and the name of a man once accused of arson, led me to imagine that in some way I had been connected with that crime; and for months I firmly believed I stood charged as an accomplice.

The putting on of the muff was the most humiliating incident of my life. The shaving of my legs and the wearing on my brow of the court-plaster brand of infamy had been humiliating, but those experiences had not overwhelmed my very heart as did this bitter ordeal. I resisted weakly, and, after the muff was adjusted and locked, for the first time since my mental collapse, I wept. And I remember distinctly why I wept. The key that locked the muff unlocked in imagination the door of the home in New Haven which I believed I had disgraced, — and seemed for a time to unlock my heart. Anguish beat my mind into a momentary sanity, and with a wholly sane emotion I keenly felt my imagined disgrace. As is usual under such circumstances my thoughts centered on my mother. Her (and other members of the family) I could plainly see at home in a state of dejection and despair over her imprisoned and heartless son. I wore the muff each night for several weeks, and for the first few nights the unhappy glimpses of a ruined home recurred and increased my suffering.

It was not always as an instrument of restraint that the muff was employed. Frequently it was used as a means of discipline, on account of supposed stubborn disobedience to the attendant. Many times was I roughly overpowered by two attendants who locked my hands and coerced me to do whatever I had refused to do. My arms and hands were

my only weapons of defense. My feet were still in plaster casts, and my back had been so severely injured as to necessitate my lying flat upon it most of the time. It was so that these unequal fights were fought. And I had not even the satisfaction of tongue-lashing my oppressors for I was practically speechless.

My attendants, like most others in such institutions, were ill-qualified to understand the operations of my mind, and what they could not understand they would seldom tolerate. Yet they were not entirely to blame. They were simply carrying out to the letter, orders which they had received from the doctors. In fact one of these attendants later became so disgusted with the continued exercise of unfairness toward me that he secretly favored me by refraining from force when I refused to do certain things which he knew would annoy and distress me.

To ask a patient in my condition to take a little medicated sugar seemed reasonable. I concede that; and my refusal was exasperating. Had I been in the place of my keepers, and they in mine, I might have acted no more wisely than they. But, from my point of view, my refusal was justifiable. That innocuous sugar disc to me seemed saturated with the blood of loved ones; and so much as to touch it was to shed their blood — perhaps on the very scaffold on which I was destined to die. For myself I cared little. I was anxious to die, and eagerly would I have taken the sugar disc had I had any reason to believe that it was deadly poison. The sooner I could die and be forgotten the better for all with whom I had ever come in contact. To continue to live was simply to be the treacherous tool of unscrupulous detectives, eager to exterminate my innocent relatives and friends, if so their fame could be made secure in the annals of their craft.

But the thoughts associated with the taking of the medicine were seldom twice alike. If, before it, something happened to remind me of mother, father, a relative, or a friend, I imagined that compliance would compromise, if not eventually destroy, that particular person. Who would not resist when meek acceptance would be a confession which would doom his own mother or father to prison, or ignominy, or death? It was for this that I was reviled, for this, subjected to cruel restraint.

Let those in charge of such institutions, who have a stubborn patient to deal with, remember what I say. In the strict sense of the word there is no such thing as a genuinely stubborn insane person. The stubborn men and women in the world are sane; and the fortunate prevalence of sanity may be approximately estimated by the preponderance of stubbornness in society at large. When one possessed of the blessed means of resolving his own errors continues to cherish an unreasonable belief — that is stubbornness. But for a man bereft of reason to adhere to an idea which to him seems absolutely correct and true because he has been deprived of the means of detecting his error — that is not stubbornness. It is a symptom of his disease, and merits the indulgence of forbearance, if not genuine sympathy. Certainly the afflicted one deserves no punishment. As well punish with a slap the cheek that is disfigured by the mumps.

The attendant who was with me most of the time that I remained at the sanatorium was a young man of about my own age. He had never before worked in an institution of that character, though he had acted as a nurse and companion in cases where the patient could be treated at home. Him I regarded as a detective, or, rather, as two detectives, one of whom watched me by day, and the other — a perfect

double — by night. He was an enemy, and his professed sympathy — which I now know was genuine — only made me hate him the more. As he was ignorant of the methods of treatment in vogue in hospitals for the insane it was several weeks before this exceptional attendant dared put in jeopardy his position by presuming to shield me against unwise orders of the doctors. But when at last he awoke to the situation he repeatedly interposed in my behalf. More than once the doctor who was both owner and superintendent, threatened to discharge him for alleged officiousness. But better judgment usually held the doctor's wrath in check, for he realized that not one attendant in a hundred was so competent. It was indeed contrary to custom (for in this matter attendants are unlike trained nurses in general hospitals) that this attendant should take a lively personal interest in me. Surely it was not the paltry and insulting four and a half dollars a week that induced him to work under such doctors, and in an institution which he detested. Such orders as he modified were without exception unfair, and for exercising his superior judgment he deserves no criticism. He was unconsciously an advocate of Non-Restraint, working in an institution where Restraint was tolerated and pretty freely used. Naturally there was friction, for Restraint is as a cinder in the eye of one who appreciates the advantages of humane treatment.

Not only did my attendant frequently exhibit more wisdom than the superintendent, but he also obeyed the dictates of a better conscience than that of his nominal superior, the assistant physician, as the following incident will prove. On three occasions this assistant physician treated me with a signal lack of consideration, and in at least one instance he was vicious. When this latter incident occurred I was, both physically and mentally, helpless. My feet were swollen

and still in plaster bandages. I was all but mute, uttering only an occasional expletive when forced to do things against my will.

One morning Doctor No-name (he represents a type) entered my room.

"Good-morning! How are you feeling?" he asked.

No answer.

"Aren't you feeling well?"

No answer.

"Why don't you talk?" said he with irritation.

Still no answer, except perhaps a contemptuous look such as is so often the essence of eloquence. Suddenly, and without the slightest warning, as a petulant child locked in a room for disobedience might treat a pillow, he seized my arm and jerked me from the bed. It was wonderful that the bones of my ankles and feet, not yet thoroughly knitted, were not again broken. And this was the performance of the very man who had locked my hands in the "muff," that I might not injure myself!

I uttered not a word, — not even the usual automatic expletive.

"Why don't you talk?" he again asked.

Though rather slow in replying (it has now been over seven years), I will take pleasure in doing so by sending that doctor a copy of this book — my answer — if he will but send me his address. This physician left the sanatorium about two years after I did. That such a man could continue in so responsible a position, for so long, indicates the little care generally exercised by owners of sanatoriums in the selection of their assistants.

It is not a pleasant duty to brand any physician for cruelty and incompetence, for the worst that ever lived has undoubtedly done many good deeds. But here is the type of

man that has wrought havoc among the helpless insane — a type which unfortunately is still too often found (only not found soon enough) in our private and public institutions. It therefore seems but fair that the men whose destiny put them in touch with one who has lived to publish his story should at least bear the brunt of illustration.

VIII

My escape from death when I dropped from the window is hardly more remarkable than the perfect present condition of my feet and ankles, which were that day so seriously injured. The fact that I am not now a cripple I ascribe to two causes. First: to God — or Providence, or Fate, or luck, if you choose. And second: such earthly praise as may be properly bestowed belongs to the physician who, with consummate skill, set my broken bones.

It was at the sanatorium that my ankles were finally restored to a semblance of their former utility. They were there subjected to a course of heroic treatment; but as to-day they permit me to walk, run, and dance, as those do who have never been crippled, my hours of torture endured under my first attempts to walk are almost pleasant to recall. About five months from the date of my fall I was allowed, or rather compelled, to place my feet on the floor and attempt to walk. They were still swollen, absolutely without action, and acutely sensitive to the slightest pressure. From the time my feet were injured, until I again began to talk — two years later — I asked not one question as to the probability of my ever regaining the use of them. The fact was, I never expected to walk naturally again. The doctor's desire to have me walk I believed to be inspired by the detectives, of whom, indeed, I supposed the doctor himself to be one. Had there been any confession to make I am sure it would have been yielded under the stress of this ultimate torture. The million needle points which, just

prior to my mental collapse, seemed to goad my brain, now centered their unwelcome attention on the soles of my feet. Had the floor been studded with minute stilettoes my sufferings could hardly have been more intense. For several weeks assistance was necessary with each attempt to walk, and each attempt was an ordeal. Every drop of blood in my body seemed to find an irresistible attraction at the points of pain. Sweat stood in beads on either foot, wrung from my blood by agony. Believing that it would be only a question of time when I should be tried, condemned, and executed for some one of my countless felonies, I looked upon the attempt to prevent my continuing a cripple for the brief remainder of my days as prompted by anything but benevolence.

I find no fault with the heroic treatment which necessitated the bearing of my weight on my feet at that time; but I do think the superintendent of this sanatorium would have proved himself more humane had he not peremptorily ordered my attendant to discontinue the use of a support which, until the plaster bandages were removed, had enabled me to keep my legs in a horizontal position during those hours of the day that I sat in a chair. His order was that I should put my legs down and keep them down, whether it caused me suffering or not. The pain was of course intense when the blood again began to circulate freely through tissues long unused to its full pressure, and so evident was my distress that the attendant disregarded the doctor's command.[1] He would remove the forbidden support for only a few minutes at a time, gradually lengthening the intervals until at last I was able to do without the support entirely. But, while favoring me, he had to remain on watch to guard

[1] I am here corroborated by the sworn statement of the attendant who has given me an affidavit which covers all incidents in which he played a part.

against discovery. Each day for several weeks I was forced at first to stagger and finally to walk across the room and back to the bed. The distance was increased as the pain diminished, until I was able to walk without more discomfort than a comparatively pleasant sensation of lameness. For at least two months after I first touched my feet to the floor attendants had to carry me up and down stairs, and for several months longer I went flat-footed.

Delusions of persecution — which include "delusions of self-reference" — though a source of annoyance while I was in an inactive state, annoyed and distressed me even more when I began to move about and was obliged to associate with other patients. To my mind not only were the doctors and attendants detectives; each patient was a detective and the whole institution was a part of the "Third Degree." Scarcely any remark was made in my presence that I could not twist into a cleverly veiled reference to myself. In each person I could see a resemblance to persons I had known, or to the principals or victims of the crimes with which I imagined myself charged. I refused to read, for to read veiled charges and fail to assert my innocence was to incriminate both myself and others. But I looked with longing glances upon all printed matter and, as my curiosity was continually piqued, this enforced abstinence grew to be well-nigh intolerable.

It became again highly expedient to the family purse, upon which my illness was so serious a drain, that every possible saving be made. Therefore I was transferred from the main building, where I had a private room and a special attendant, to a ward where I was to mingle, under an aggregate sort of supervision, with fifteen or twenty other patients. Here I had no special attendant by day, though one slept in my room at night.

Of this ward I had heard alarming reports — and these from the lips of several attendants. I was therefore greatly disturbed at the proposed change. But, the transfer once accomplished, after a few days I really liked my new quarters better than the old. During the entire time I remained at the sanatorium I was more alert mentally than I gave evidence of being. But not until after my removal to this ward where I was left alone for hours every day did I dare to give evidence of my alertness. Here I even went so far on one occasion as to joke with my new attendant. He had been trying to persuade me to take a bath. I refused, mainly because I did not like the looks of the bath-room, which, with its cement floor and central drain, resembled the washing-room of an improved stable. After all else had failed the attendant tried the rôle of sympathizer.

"Now I know just how you feel," said he, "I can put myself in your place."

"Well, if you can, do it and take the bath yourself," said I.

The remark is brilliant by contrast with the dismal source from which it escaped. "Escaped" is the word, for the fear that I should hasten my trial by exhibiting too great a gain in health, mental or physical, was already upon me; and it controlled much of my conduct during the succeeding months of despondency.

Having now no special attendant I spent many hours in my room, alone, but not absolutely alone, for somewhere the eye of a detective was evermore upon me. I soon fancied that my case had been transferred from the State to the Federal authorities, and the fear of an all-powerful Secret Service did not tend to ease my laboring imagination. Comparative solitude, however, gave me courage and soon I began to read, regardless of consequences. During the entire period of my depression, every publication seemed to

have been written and printed for me, and me alone. Books, magazines, and newspapers seemed to be special editions. The fact that I well knew how inordinate would be the cost of such a procedure in no way shook my faith in it. Indeed, that I was costing my persecutors fabulous sums of money was a source of secret satisfaction — a psychological phenomenon, perhaps associated with delusions of grandeur which long afterwards asserted themselves. During the earliest stages of my illness I had lost count of time, and the calendar did not right itself until the day when I largely regained my reason. Meanwhile, the date on each newspaper was, according to my reckoning, two weeks out of the way. This confirmed my belief in the special editions as a part of the "Third Degree."

Most sane people think that no insane person can reason logically. But this is not so. Upon unreasonable premises I made most reasonable deductions, and that at the time when my mind was in its most disturbed condition. Had the papers which I read on the day which I supposed to be February 1st borne a January date, I might not then, for so long a time, have believed in a special edition. Probably I should have inferred that the regular editions had been held back. But the papers I had were dated about two weeks *ahead.* Now if a sane person on February 1st receive a newspaper dated February 14th, he will be fully justified in thinking something wrong, either with the paper or with himself. But the shifted calendar which had planted itself in my mind meant as much to me as the true calendar does to any sane business man. During the seven hundred and ninety-eight days of depression I drew countless incorrect deductions. But such as they were they were deductions, and the mental process was not other than that which takes place in a well-ordered mind.

My gradually increasing vitality, although it increased my fear of trial, impelled me to take new risks. I began to read not only newspapers, but also such books as were placed within my reach. Yet had they not been placed there I should have gone without them, for I would never ask even for what I greatly desired and knew I could have for the asking.

Whatever love of literature I now have dates from this time, when I was a mental incompetent and confined. Lying on a shelf in my room was a large volume of George Eliot's works. For several days I cast longing glances at the book and finally plucked up the courage to take little nibbles now and then. These were so good that I grew bold and at last began to read the book openly. Its contents at the time made but little impression on my mind, but I enjoyed it. I read also some of Addison's essays; and had I been fortunate enough to have read these earlier in life I might have been spared the delusion that I could detect in many passages the altering hand of my persecutors.

The friendly attendant, from whom I was now separated, tried upon all occasions to send his favors after me into my new quarters. At first he came in person to see me, but the superintendent soon forbade that, and also ordered him not to communicate with me in any way. It was this, and other differences naturally arising between such a doctor and such an attendant, that soon brought about the discharge of the latter. But "discharge" is hardly the word, for the attendant had become disgusted with the institution, and had remained so long only because of his interest in me. When he left, he informed the owner that he would soon cause my removal from the institution. This he did. He persuaded my relatives to let him care for me in his own home. I left the sana-

torium in March, 1901, and remained for three months in the home of my former attendant who lived with a grandmother and an aunt in a small town not far from New Haven.

It is not to be inferred that I entertained any affection for my friendly keeper. I continued to regard him as an enemy; and my life at his home became a monotonous round of displeasures. I took my three meals a day. I would sit listlessly for hours at a time in the house. Daily I went out — attended, of course — for short walks about the town. These were not enjoyable. I believed everybody was familiar with my black record and expected me to be put to death. Indeed, I wondered why passers-by did not revile or even stone me. Once I was sure I heard a little girl call me "Traitor!" That, I believe, was my last "false voice," but it made such an impression that I can even now recall vividly the appearance of that dreadful child.

During these three months I again refused to read books, though they were within reach, and I returned to newspapers — probably because I feared to indicate too much improvement and thus hasten my trial.

My attendant and his relatives were very kind and very patient — for I was still intractable. But their efforts to make me comfortable, so far as they had any effect, made keener my desire for death at my own hands. I shrank from death; — but I preferred to die by my own hand and take the blame for it, rather than to be executed and bring lasting disgrace on my family, friends, and I may add with truth, on Yale. For I reasoned that parents throughout the country would withhold their sons from a university which numbered among its graduates such a despicable being as I. But from any tragic act I was providentially restrained by the very delusion which gave birth to the desire, — in a way which signally appeared on a later and, to me, memorable day.

IX

I AM in a position not unlike that of a man whose obituary notice has appeared prematurely. Few men have ever had a better opportunity than I to test the quality of their relatives' affection, and similarly to test their friends. That my relatives and friends did their duty and did it willingly is naturally a constant source of satisfaction to me. Indeed, I believe that that unbroken record of devotion is one of the factors which have made it possible for me to take up again my duties in the social and business world with a comfortable feeling of continuity. I can now view my past with as much complacency as does the man whose life has been uniformly uneventful.

As I have seen scores of insane persons neglected by their relatives — a neglect which recovered patients resent and often brood upon — my sense of gratitude is the livelier, and especially so because of the difficulty with which friendly intercourse with me was maintained during two of the three years I was ill. Relatives and friends frequently called to see me. True, these calls were trying for all concerned. I spoke to none, not even to my mother and father. For, though they all appeared about as they used to appear, I was able to detect some slight difference in look or gesture, and this was enough to confirm my belief that they were impersonators, engaged in a conspiracy, not merely to entrap me, but to incriminate those whom they impersonated. It is not strange, then, that I refused to have anything to say to them, or to permit them to come near me. To have kissed the

woman who was my mother, but whom I believed to be a Federal conspirator, would have been an act of betrayal. These interviews were much harder for my relatives and friends than for me. But even to me they were in the nature of ordeals; and though I suffered less at these particular moments than my callers did, my sum of suffering was greater, for I was constantly anticipating these unwelcome but eventually beneficial visitations.

Suppose my relatives and friends had held aloof during this apparently hopeless period, what to-day would be my feelings toward them? Let others answer. For over two years I considered all letters forgeries. Yet the day came when I convinced myself of their genuineness and the genuineness of the love of those who sent them. Perhaps some of the persons related to the two hundred thousand victims of insanity in this country to-day will find some comfort in this fact. To be on the safe and humane side let every sane relative and friend of persons so afflicted remember the Golden Rule, which has never been suspended with respect to the insane. Go to see them, with as much of the light of sanity as you possess; treat them sanely, write them sane letters; keep them informed about the home-circle; let not your devotion flag, nor accept any repulse. There is a sure reward — sometime — somewhere.

The consensus of opinion now was that my condition was unlikely ever to improve, and the question of my commitment to some institution where incurable cases could be treated came up for decision. While it was being considered my attendant kept assuring me that it would be unnecessary to commit me to an institution if I would only show some improvement. For that purpose he repeatedly sug-

gested that I go to New Haven and spend a day at home. I did finally indicate my willingness to make the trip; and nothing proves more conclusively my dread of a hospital for the insane than my action that day. I did not wish to go to New Haven. I dreaded doing so. To my best knowledge and belief I had no home there, nor did I have any relatives or friends who would greet me upon my return. How could they, if still free, even approach me, while I was surrounded by detectives? Then, too, I had a lurking suspicion that my attendant's offer was made in the belief that I would not dare accept it. By taking him at his word I knew that I should at least have an opportunity to test the truth of many of his statements regarding my old home. Life had become insupportable; and back of my consent to return was a willingness to beard the detectives in their own den, regardless of consequences. With these and many other reflections I started for the train. The events of the journey which followed are of no moment. We soon reached the New Haven station; and, as I had expected, no relative or friend was there to greet us. This apparent indifference of relatives seemed to support my suspicion that my attendant had not told me the truth; but I found little satisfaction in uncovering his deceit, for the more of a liar I proved him to be, the worse would be my position. We walked to the front of the station and stood there for almost half an hour. The unfortunate but perfectly natural wording of a question caused the delay.

"Well, shall we go home?" said my attendant.

How could I say "Yes"? I had no home. I feel sure I should finally have said "No," had he continued to put the question in that form. Consciously or unconsciously, however, he altered it. "Shall we go to 30 Trumbull Street?" That was what I had been waiting for. Cer-

tainly I would go to the house designated by that number. I had come to New Haven to see that house; and I had just a faint hope that its appearance and the appearance of its occupants might prove convincing.

At home my visit came as a complete surprise. I could not believe that my relatives — if they were relatives — had not been informed of my presence in the city, and their words and actions upon my arrival confirmed suspicion and killed the faint hope I had briefly cherished. My hosts were simply the same old persecutors with whom I had already had too much to do. Soon after my arrival dinner was served. I sat at my old place at the table, and secretly admired the skill with which he who asked the blessing imitated the language and the well-remembered intonation of my father's voice. But alas! for the family — I imagined my relatives banished and languishing in prison, and the old home confiscated by the government!

X

THOUGH my few hours at home failed to prove that I did not belong in an institution, it served one good purpose. Certain relatives who had objected to my commitment now agreed that there was no alternative, and, accordingly, my eldest brother caused himself to be appointed my conservator. He had long favored taking such action, but other relatives counseled delay. They had been deterred by that inbred dread of seeing a member of the family branded by law as a mental incompetent, and, to a degree, stigmatized by an unquestionably mistaken public opinion. The very thought was repugnant; and a mistaken sense of duty — and perhaps a suggestion of pride — led them to wish me out of such an institution as long as possible.

Though at the time I dreaded commitment, it was the best possible thing that could befall me; and I wish to emphasize this fact in order that others, situated as my relatives were, may have fewer misgivings. In most instances an insane person is more likely to recover in a reputable institution than he is if kept in touch with the world he knew while sane. To be in the world and not of it is exasperating. The constant friction that is inevitable under such conditions — conditions such as existed for me in the home of my attendant — can only aggravate the mental disturbance. Particularly is this true of those laboring under delusions of persecution. Such delusions multiply with the complexity of the life led. It is the even-going routine of institutional life which affords the indispensable quieting effect — provided

that routine is well ordered, and not defeated by annoyances imposed by ignorant or indifferent doctors and attendants.

My commitment occurred on June 11th, 1901. The institution to which I was committed is considered one of the best of its kind in the country; and the conditions there are to be found in a greater or less degree in most other such institutions in every State in the Union. For that reason it is not necessary that I name it. I am not writing an exposé of the three hospitals in which I was confined. The evils they represent are almost universal, and I do not propose to becloud the main issue, which is the need of a movement to eliminate these evils everywhere. For this reason and, in some instances, for charity's sake, I suppress the names of those who were in authority over me.

The institution itself was well situated. Though the view was a restricted one, a vast expanse of lawn, surrounded by groups of trees — patches of primeval forest — gave the place an atmosphere which was not without its remedial value. My quarters were comfortable, and, after a little, I adjusted myself to my new environment. A description of the daily routine will, I believe, serve to dispel many mistaken ideas regarding the life led by the inmates of such institutions.

Breakfast was served about 7.30 A.M., though the hour varied somewhat according to the season — earlier in summer and later in winter. In the spring, summer, and fall, when the weather was favorable, those able to go out of doors were taken after breakfast for walks within the grounds, or were allowed to roam about the lawn and sit under the trees, where they remained for an hour or two at a time. Dinner was usually served shortly after noon, and then the active patients were again taken out of doors, where they remained an hour or two doing much as they pleased, but under the

eyes of attendants. About half-past three they returned to their respective wards, there to remain until the next day — except those who cared to attend the religious service which was held almost every afternoon in an endowed chapel. Few such institutions in this country have religious services every day. But Dr. Theodore B. Hyslop, Superintendent of Bethlem Royal Hospital (London, England), a specialist in neurology and in the treatment of mental diseases, goes so far as to say: "Of all hygienic measures to counteract disturbed sleep, depressed spirits, and all the miserable sequels of a distressed mind I would undoubtedly give the first place to the simple habit of prayer."

Preachers of the gospel should appreciate this fact, and be oftener seen working among the insane.

In all institutions those confined in different wards go to bed at different hours. The patients in the best wards retire at nine or ten o'clock. Those in the wards where more troublesome cases are treated go to bed usually at seven or eight o'clock. I, while undergoing treatment, have retired at all hours, so that I am in the better position to describe the mysteries of what is, in a way, one of the greatest secret societies in the world.

I soon became accustomed to the rather agreeable routine, and began to enjoy life as much as a man could with the cloud of death hanging over him, — for I still suffered the constant dread of being removed to court, to prison, and to the gallows or the electric-chair. But my living was hardly life; yet, had I not been burdened with the delusions which held me a prisoner of the police, and kept me a stranger to my old world, I should have been able to enjoy a comparatively happy existence in spite of all.

This new feeling of comparative contentment had not been brought about by any decided improvement in health.

It was due directly and entirely to an environment more nearly in tune with my ill-tuned mind. While surrounded by sane people my mental inferiority had been painfully apparent to me, as well as to others. Here a feeling of superiority easily asserted itself, for many of my associates were, to my mind, vastly inferior to myself. But this stimulus did not affect me at once. For several weeks I believed the institution to be peopled by detectives, feigning insanity. The government was still operating the "Third Degree," only on a grander scale. Nevertheless, I did soon come to the conclusion that the institution was what it professed to be — still cherishing the idea, however, that certain patients and attachés were detectives, — an idea which persisted until my period of depression came to an end. From June 11th, 1901, when I first arrived at this hospital, to August 30th, 1902, when the active and troublesome phase of my illness began, I was treated with consideration by doctors and attendants alike. Fortunately, in all hospitals for the insane, patients in a passive condition are pretty likely to receive kind treatment.

For a while after my arrival I again abandoned my newfound reading habit. But as I became accustomed to my surroundings I grew bolder and resumed my devotion to the newspapers and to such books as were at hand. There was a bookcase in the ward, filled with old numbers of standard English periodicals; among them: *Westminster Review*, *Edinburgh Review*, *London Quarterly*, and *Blackwood's*. There were also copies of *Harper's*, *Scribner's* and *The Atlantic Monthly*, dated a generation or more before my first reading days. Indeed, some of the reviews were over fifty years old. But I had to read their heavy contents or go without reading, for I would not yet ask even for a thing I desired. In the room of one of the patients were thirty or forty books

belonging to him. Time and again I walked by his door and cast a longing glance at those books, which at first I had not the courage to ask for or to take. But during the summer, about the time I was getting desperate, I finally managed to summon enough courage to take books surreptitiously, and, I confess, it was usually while the owner of these books was attending the daily service in the chapel that his library became a circulating one.

Though this institution, unlike most institutions, had a library, presented and endowed by a person interested in the work that was being done there, that library, which was kept in an adjoining ward, afforded me no pleasure until I had become sane enough to ask for favors. Later investigation has convinced me that the libraries in existence in hospitals for the insane are not made the most of; for it frequently happens that those most desirous of reading are least likely to ask for books. Instead of being kept in one ward books should be distributed and re-distributed throughout the several wards. The slight chance of their being damaged or destroyed is more than offset by the good they may do.

The contents of the books I read made perhaps more of an impression on my memory than most books make on the minds of normal readers. To assure myself of the fact I have since re-read "The Scarlet Letter," and I recognize it as an old friend. The first part of the story, however, wherein Hawthorne describes his work as a Custom House official and portrays his literary personality, seems to have made scarcely any impression. This I attribute to my utter lack of literary interest at that time in writers and their methods. I then had no desire to write a book, or any thought of ever doing so. Not until the day I regained my reason, were my literary ambitions born.

Letters I looked upon with suspicion. I never read them at the time they were received. I would not even open them; but generally, after a week or sometimes a month, I would secretly open and read them — forgeries of the detectives.

I still refused to speak, and exhibited physical activity only when the patients were taken out of doors. For hours I would sit reading books or papers, or apparently doing nothing. But my mind was in an active state and very sensitive. As the event proved, everything done or said within the range of my senses was making indelible impressions, though these at the time were frequently of such a character that I experienced great difficulty in trying to recall incidents which I thought I might find useful at the time of my appearance in court.

My ankles had not regained anything like their former strength. It hurt to walk. For months I continued to go flat-footed. I could not sustain my weight with heels lifted from the floor. In going down stairs I had to place my insteps on the edge of each step, or go one step at a time, like a child. Believing that the detectives were pampering me into prime condition, as a butcher fattens a beast for slaughter, I deliberately made myself out much weaker than I really was; and not a little of my inactivity was due to a desire to prolong my fairly comfortable existence, by deferring as long as possible the day of trial and conspicuous disgrace.

But my mode of living was not without its distressing incidents. Whenever the attendants were wanted at the office, an electric bell was rung. During the fourteen months that I remained in this hospital in a depressed condition, the bell in my ward rang several hundred times. Never did it fail to send through me a mild shock of terror, for I

imagined that at last the hour had struck for my transportation to the scene of trial. Relatives and friends would be brought to the ward — heralded, of course, by a warning bell — and short interviews would be held in my room, during which the visitors had to do all the talking. My eldest brother, whom I shall refer to hereafter as my conservator, called often. He seldom failed to use one phrase which annoyed and disturbed me.

"You are looking better and getting stronger," he would say. "We shall straighten you out yet."

To be "straightened out," was a phrase which had a certain sinister ambiguity. It might refer to the end of the hangman's rope, or to a fatal electric shock. It would of course be difficult to avoid all ambiguity of speech in talking to one afflicted with delusions of persecution, but such care as can be exercised would contribute to the patient's peace of mind.

I preferred to be let alone and the assistant physician in charge of my case, after several ineffectual attempts to engage me in conversation, humored my persistent taciturnity. For over a year nothing passed between us further than an occasional conventional salutation. Subsequent events have led me to doubt the wisdom of this policy, and to infer that had my timid confidence once been gained some of my delusions might have been undermined, if not talked to death. As I finally seduced my Unreason into at least a semblance of sanity, by supplying myself with desired proofs as to the genuineness of relatives and friends, is it not reasonable to suppose that similar proofs, cleverly offered by others, might have produced the same result earlier? Among psychiatrists I find the opinion that it is only at an advanced stage of recuperation that such an expedient would have any chance of success; and that even in the event of success, the

time so saved would scarcely be worth considering. Nevertheless, instead of assuming that delusions must correct themselves — if they are ever to be corrected — physicians (more scrupulously, I think, than they do) might give the patient the benefit of *every* doubt, and exercise their skill from time to time to ascertain, if nothing more, whether or not he exhibits signs of returning sanity. Of course, I will not presume to combat the question pathologically. I am only submitting for the consideration of psychiatrists an impression gained from the inside.

For one year no further attention was paid to me than to see that I had three meals a day, the requisite number of baths, and a sufficient amount of exercise. I was, however, occasionally urged by an attendant to write a letter to some relative, but that, of course, I refused to do. As I shall have many hard things to say about attendants in general, I take pleasure in testifying that, so long as I remained in a passive condition, those at this institution were kind, and at times even thoughtful. But so soon as I regained, in a large measure, my reason, and began to talk, diplomatic relations with doctors and attendants became so strained that war promptly ensued.

It was no doubt upon the gradual but sure improvement in my physical condition that the doctors were relying for my eventual salvation. They were not without some warrant for this. In a way I had become less suspicious, but my increased confidence was due as much to an increasing indifference to my fate as to an improvement in health. And there were other signs of improved mental vigor. I was still watchful, however, for a chance to end my life, and had I not largely regained my reason as soon as I did, I do not doubt that my choice of evils would have found tragic expression in an overt act.

Having convinced myself that most of my associates were really insane, and therefore (as I believed) disqualified as competent witnesses in a court of law, I would occasionally engage in conversation with a few whose evident incompetency seemed to make them safe confidants. One, a man who during his life had suffered several nervous breakdowns, more like acute nervous prostration than insanity, took a very evident interest in me and persisted in talking to me, often much against my will. His persistent inquisitiveness seemed to support his own statement that he had formerly been a successful life-insurance solicitor. He finally gained my confidence to such a degree that months before I finally began to talk to others I permitted myself to converse frequently with him — but only when we were so situated as to escape observation. I would talk to him on almost any subject except myself. At length, however, his admirable persistence overcame my reticence. During a conversation held in June, 1902, he abruptly said, "Why you are kept here I cannot understand. Apparently you are as sane as any one. You have never made any but sensible remarks to me." Now for weeks I had been waiting for a chance to tell this man my very thoughts. I had come to believe him a true friend who would not betray me.

"If I should tell you some things which you apparently don't know, you would understand why I am held here," said I.

"Well, tell me," he urged.

"Will you promise not to repeat my statements to any one else?"

"I promise not to say a word."

"Well," said I, "you have seen certain persons who have come here, claiming to be relatives of mine."

"Yes, and they are your relatives, aren't they?"

"They look like my relatives, but they're not," was my reply.

My inquisitive friend laughed aloud. "Well," said he, "if you mean *that*, I shall have to take back what I just said. You are really the craziest person I have ever met, and I have met several."

"You will think differently some day," said I; for I believed that when my trial should occur he would appreciate the significance of my statement. I did not tell him that I believed these callers to be detectives; nor did I hint that I thought myself in the hands of the police.

Meanwhile, during July and August, 1902, I redoubled my activity in devising suicidal schemes; for I now thought my physical condition satisfactory to my enemies, and was sure that my trial could not be postponed beyond the next opening of the courts in September. I even went so far as to talk to one of the attendants, a medical student, who, during the summer, worked as an attendant at the hospital. I approached him artfully. First I asked him to procure from the library for me "The Scarlet Letter," "The House of Seven Gables," and other such books; then I talked medicine and finally asked him to lend me a text-book on anatomy which I knew he had in his possession. This he did, cautioning me not to let any one know that he had done so. The book once secured, I lost no time in examining that part which described the heart, its functions, and especially its exact location in the body. I had scarcely begun to read when the attendant returned and took the book from me, offering as his reason that, as an attendant, he had no right to give me a medical work. I have often wondered since whether this was an intervention of Providence.

As is usual in institutions for the insane, all knives, forks, and other articles, which might be used by a patient for

an insane purpose, were counted by the attendants after each meal. This I knew, and it had a deterrent effect. I dared not take one. Though I might at any time during the night have hanged myself, that method did not appeal to me, and I kept it in mind only as a last resort. To get possession of some sharp dagger-like instrument which I could plunge into my heart at a moment's notice — this was my consuming desire. With such a weapon I felt that I could, when the crisis came, rob the detectives of their victory. During the summer months an employee spent his entire time driving a large lawn-mower over the grounds. This when not in use was often left outdoors. Upon it was a square wooden box, containing certain necessary tools, among them a sharp, spike-like instrument, used to clean the oil-holes when they had become clogged. This bit of steel was five or six inches long, and was shaped like a pencil. For at least three months prior to the moment of my restored reason I seldom went out of doors that I did not go with the intention of purloining that steel spike. I intended then to keep it in my room against the day of my anticipated transfer to jail.

It was now that my delusions protected me from the very fate they had induced me to court. For had I not believed that the eye of a detective was on me every moment, I could have taken that spike a score of times. Often when it was not in use I walked to the lawn-mower and even laid my hand upon the tool-box. But I dared not open it. My feelings were much like those of Pandora about a certain other box. In my case, however, the box upon which I looked with longing had Hope without, and not within. Instinctively, perhaps, I realized this, for I did not lift the lid.

One day, as the patients were returning to their wards, I

saw, lying directly in my path (I could even now point out the spot), the coveted weapon. Never have I seen anything that I more desired. To have stooped and picked it up without detection would have been easy; and had I known, as I know now, that it had been carelessly dropped, nothing could have prevented me from doing so and perhaps using it with fatal effect. But I believed it had been placed there deliberately and as a test, by those who had divined my suicidal purpose. The eye of the imagined detective, which, I am inclined to believe, and like to believe, was the eye of the real God, was upon me; and though I stepped directly over it I did not pick up that thing of death.

XI

When I had decided that my chance for securing the little stiletto-spike was very uncertain, I at once busied myself with plans which were designed to bring about my death by drowning. There was in the ward a large bath-tub. Access to it could be had at any time, except between the hour of nine at night (when the patients were locked in their rooms) and the following morning. How to make it accessible in those dark hours was the problem which confronted me. The attendant in charge was supposed to see that each patient was in his room when the door was locked. As it rarely happened that the patients were not in their rooms at the appointed time, the attendants naturally grew careless, and often locked a door without looking in. The "good night" of the attendant, a salutation usually devoid of sentiment, might, or might not, elicit a response, and the absence of a response would not tend to arouse suspicion — especially in a case like mine, for I would sometimes say "good night," but more often not.

My simple and easy plan was to hide behind a piece of furniture in the corridor and there remain until the attendant had locked the doors of the rooms and retired. I had even advanced so far in my plan as to select a convenient place. This was a nook within twenty feet of my own room. Should the attendant, when about to lock the door, discover my absence, I should, of course, immediately reveal my hiding-place by leaving it; and it would have been an easy matter to convince him that I had done the thing as a

test of his own vigilance. On the other hand, if I escaped discovery, I should then have nine hours at my disposal with little fear of interruption. True, the night-watch passed through the ward once every hour. But death by drowning requires a time no longer than that necessary to boil an egg. I had even calculated how long it would take to fill the tub with water. To make sure of a fatal result, I had secreted a piece of wire which I intended so to use that my head, once under water, could by no possibility be raised above the surface in the inevitable struggle.

I have said that I did not desire death; nor did I. Had the supposed detectives been able to convince me that they would keep their word, I would willingly have signed an agreement stipulating on my side that I must live the rest of my life as an inmate of an asylum, and on theirs that I should never undergo a trial for crime.

Fortunately during these dismal preparations I had not lost interest in other schemes which probably saved my life. In these the fellow-patient who had won my confidence played the rôle of my own private detective. That he and I could defeat the combined forces of the Nation hardly seemed probable, but the seeming impossibility of so doing only lent zest to the undertaking. My friend, who, of course, did not realize that he was engaged in combat with the Secret Service, was allowed to go where he pleased within the limits of the city where the hospital was situated. Accordingly I determined to enlist his services. It was during July that, at my suggestion, he tried to procure copies of certain New Haven newspapers, of the date of my attempted suicide and the several dates immediately following. My purpose was to learn what motive had been ascribed to my suicidal attempt. I felt sure that they would contain at least hints as to the nature of the criminal charges against me. But this

purpose I did not disclose to my friend. In due time he reported that no copies for the given dates were to be had. So that quest proved fruitless, and I attributed the failure to the superior strategy of the enemy.

Meanwhile, my friend had not desisted from his attempt to convince me that my apparent relatives were not spurious; and one day I said to him: "If my relatives still live in New Haven, their addresses must be in the latest New Haven Directory. Here is a list containing the names and former addresses of my father, brother, and uncle. These were their addresses in 1900. To-morrow, when you go out, please see whether they appear in the New Haven Directory for 1902. These persons who present themselves to me as relatives pretend to live at these addresses. If they speak the truth, the 1902 Directory will corroborate them. I will then have hope that a letter sent to any one of these addresses will reach relatives, — and surely some attention will be paid to it."

The next day, which was August 27th, my own good detective went to a local publishing house where directories of the several important cities throughout the country may be consulted. Shortly after he went out upon this errand, my conservator appeared. He found me walking about the lawn. At his suggestion we sat down. Bold in the assurance that I could kill myself before the crisis came, I talked with him freely, replying to many of his questions and asking several. My conservator, who had never fully understood that I denied his identity, commented with manifest pleasure on my new-found readiness to talk. He would have been less pleased, however, had he been able to read my mind.

Shortly after my conservator's departure my fellow-patient returned and informed me that the latest New Haven directory contained the names and addresses I had given him.

This information, though it did not prove that my morning caller was no detective, did convince me that my real brother still lived where he did when I left New Haven, two years earlier. At this time my physical senses were less perverted than they had been previously, and in that fact lay my salvation. Now that my senses no longer lied to me, my returning reason enabled me to construct the ingenious scheme which, I believe, saved my life; for, had I not largely regained my reason *when I did*, I am inclined to believe that my distraught mind would have destroyed itself and me, before it could have been restored by the slow process of returning health.

A few hours after my private detective had given me the information I so much desired, I wrote my first letter in twenty-six months. As letters go it is in a class by itself. I dared not ask for ink, so I wrote with a lead pencil. Another fellow-patient in whom I had confidence, at my request, addressed the envelope; but he was not in the secret of its contents. This was an added precaution, for I thought the Secret Service men might have found out that I had a detective of my own and would confiscate any letters addressed by him or me. The next morning, *my* "detective" mailed the letter. That letter I still have, and I treasure it as any innocent man condemned to death would treasure a pardon or reprieve. It should convince the reader that sometimes an insane man can think and write clearly. An exact copy of this — the most important letter I ever expect to be called upon to write — is here appended:

August 29, 1902.

Dear George:

On last Wednesday morning a person who claimed to be George M. Beers of New Haven, Ct., clerk in the Director's Office of the Sheffield Scientific School and a brother of mine, called to see me.

Perhaps what he said was true, but after the events of the last two years

I find myself inclined to doubt the truth of everything that is told me. He said that he would come and see me again sometime next week, and I am sending you this letter in order that you may bring it with you as a passport, provided you *are* the one who was here on Wednesday.

If you did not call as stated please say nothing about this letter to anyone, and when your double arrives, I'll tell him what I think of him. Would send other messages, but while things seem as they do at present it is impossible. Have had some one else address envelope for fear letter might be held up on the way.

Yours,

CLIFFORD W. B.

Though I felt reasonably confident that this message would reach my brother, I was by no means certain. I was sure, however, that, should he receive it, under no circumstances would he turn it over to any one hostile to myself. When I wrote the words: "Dear George," my feeling was much like that of a child who sends a letter to Santa Claus after his faith in the existence of Santa Claus has been shaken. Like the sceptical child, I felt there was nothing to lose, but everything to gain. "Yours" fully expressed such affection for relatives as I was then capable of, — for the belief that I had disgraced, perhaps destroyed, my family prompted me to forbear to use the family name in the signature.

The thought that I might soon get in touch with my old world did not excite me. I had not much faith anyway that I was to re-establish former relations, and what little faith I had was almost dissipated on the morning of August 30th, 1902, when a short message, written on a slip of paper, reached me by the hand of an attendant. It informed me that my brother would call that afternoon. I thought it a lie. I felt that any brother of mine would have taken the pains to send a letter in reply to the first I had written him in over two years. The thought that there had not been time for him to do so and that this message must have arrived by telephone did not then occur to me.

What I believed was that my own letter had been confiscated. I asked one of the doctors to swear on his honor that it really was my own brother who was coming to see me. He did so swear, and this may have diminished my first doubt somewhat, but not much, for abnormal suspicion robbed all men in my sight of whatever honor they may have had.

The thirtieth of the month was what might he called a perfect June day in August. In the afternoon, as usual, the patients were taken out of doors, I among them. I wandered about the lawn, and cast frequent and expectant glances toward the gate, through which I believed my anticipated visitor would soon pass. In less than an hour he appeared. I first caught sight of him about three hundred feet away, and, impelled more by curiosity than hope, I advanced to meet him. "I wonder what the lie will be this time," was the gist of my thoughts.

The person approaching me was indeed the counterpart of my brother as I remembered him. Yet he was no more my brother than he had been at any time during the preceding two years. He was still a detective. Such he was when I shook his hand. As soon as that ceremony was over he drew forth a leather pocket-book. I instantly recognized it as one I myself had carried for several years prior to the time I was taken ill in 1900. It was from this that he took my recent letter.

"Here's my passport," said he.

"It's a good thing you brought it," said I coolly, as I glanced at it and again shook his hand — this time the hand of my own brother.

"Don't you want to read it?" he asked.

"There is no need of that," was my reply. "I am convinced."

After my long journey of exploration in the jungle of a tangled imagination, a journey which finally ended in my finding the person for whom I had long searched, my behavior differed very little from that of a great explorer who, after a perilous trip through real jungles, found the man he sought and, coolly grasping his hand, greeted him with a now historic remark.

This was the culminating moment of my gradual re-adjustment. The molecules of my mental magnet had at last turned in the direction of right thinking. In a word, my mind had found itself. That this apparently instantaneous return to reason was for me an epoch-making event, no one will deny. I may be pardoned, then, if I dwell upon it at length. The dividing line between sanity and insanity has ever been a topic for discussion. In my own case I believe that I can safely state that the elapsed time between a condition of absolute insanity and comparative sanity was scarcely appreciable. This statement squares with the psychological fact that it takes about one tenth of a second for the mind to form a perception. The very instant I caught sight of my letter in the hands of my brother, all was changed. The thousands of false impressions recorded during the seven hundred and ninety-eight days of my depressed state seemed at once to correct themselves. Untruth became Truth. My old world was again mine. That gigantic web woven by an indefatigable yet tired imagination, I immediately recognized as a snare of delusions, in which I had all but hopelessly entangled myself. That the Gordian knot of mental torture should be cut and swept away by the mere glance of a willing eye is like a miracle; but not a few insane persons recover their reason — or, more scientifically expressed, reach the culmination of their hitherto invisible process of re-adjustment —

in what might be termed a flash of divine enlightenment, though very few have documentary evidence to prove their instantaneous return to life.

My memory during this phase might be likened to a photographic film, seven hundred and ninety-eight days long. Each impression seems to have been made in a negative way and then, in a fraction of a second, miraculously developed and made positive. Of hundreds of impressions made during that depressed period I had not before been conscious, but from the moment I regained my reason they have stood out vividly. Not only so, but all impressions gathered during earlier years have done likewise. Since that August 30th, which I regard as my second birthday (my first was on the 30th of another month) my mind has exhibited qualities which, prior to that time, were so latent as to be scarcely distinguishable. As a result, I find myself able to do desirable things I never before dreamed of doing — the writing of this book is one of them.

Yet had I failed to convince myself on August 30th, when my brother came to see me, that he was no spy, I am almost sure that I should have compassed my own destruction within the following ten days, for the next month, I believed, was the fatal one of opening courts. It was death by drowning that impended. And I find it peculiarly appropriate to liken my salvation itself to a prolonged process of drowning. Thousands of minutes of the seven hundred and ninety-eight days — and there were over one million of them, during which I had been borne down by intolerably burdensome delusions — were, I imagine, much like the last minutes of consciousness experienced by persons who drown. Many who have narrowly escaped this fate can testify to the vividness with which good and bad impressions of their entire life rush through their confused minds, and hold them in a grip

of terror until a kind unconsciousness envelopes them. Such had been many of my moments. But the only unconsciousness which had deadened my sensibilities during these two despondent years was the semi-unconsciousness of sleep itself. Though I slept well most of the time, mine was seldom a dreamless sleep. Many of my dreams were, if anything, harder to bear than my delusions of the day, for what little reason I had was absolutely suspended in sleep. Almost every night my brain was at battledore and shuttlecock with weird thoughts. And if not all my dreams were terrifying, this fact seemed to be only because a perverted and perverse Reason, in order that its possessor might not lose the capacity for suffering, knew how to keep Hope alive with visions which supplied the contrast necessary for keen appreciation.

No man can be born again, but I believe I came as near it as ever a man did. To leave behind what was in reality a Hell, and, in less than one second, have this good green earth revealed in more glory than most men ever see it in, was a compensating privilege which makes me feel that my suffering was distinctly worth while. This statement will no doubt seem extravagant to those who dread insanity; but those who appreciate what a privilege it is to be placed in a position to do great good, will, I am sure, credit me with sincerity. For have I not before me a field of philanthropy in which to work — a field which, even in this altruistic age, is practically untouched?

I have already described the peculiar sensation which assailed me when, in June, 1900, I lost my reason. At that time my brain felt as though pricked by a million needles at white heat. On this August 30th, 1902, shortly after regaining my reason, I had another most distinct sensation in the brain. It started under my brow and gradually spread until the entire surface was affected. The throes of a dying Rea-

son had been torture. The sensations felt as my dead Reason was reborn were delightful. It seemed as though the refreshing breath of some kind Goddess of Wisdom were being gently blown against the surface of my brain. It was a sensation not unlike that produced by a menthol pencil rubbed ever so gently over a fevered brow. So delicate, so crisp and exhilarating was it that words fail me in my attempt to describe it. Doctors have it, in theory at least, that my depressed condition had been caused by a defective circulation of blood in the brain. The elated phase of my illness, which immediately followed, was, on the other hand, due to an over-stimulation of the brain-cells, caused by an intoxicating supply of blood vouchsafed by an abnormally joyous heart. Few, if any experiences, can be more delightful than that which followed. If the exaltation produced by some drugs is anything like it, I can easily understand how and why certain pernicious habits enslave those who contract them. For me, however, this experience was liberation, not enslavement.

XII

After two years of silence I found it no easy matter to carry on with my brother a sustained conversation. So weak were my vocal cords from lack of use that every few minutes I must either rest or whisper. And, upon trying, I found myself unable to whistle, notwithstanding the popular belief, drawn from vague memories of small-boyhood, that this art is instinctive. Those who all their lives have talked at will cannot possibly appreciate the enjoyment I found in using my regained power of speech. Reluctantly I returned to the ward; but not until my brother had left for home, laden with so much of my conversation that it took most of his leisure for the next two days to tell the family what I had said in two hours.

During the first few hours I seemed virtually normal. I had none of the delusions which had previously oppressed me; nor had I yet developed any of the expansive ideas, or delusions of grandeur, which soon began to crowd in upon me. So normal did I appear while talking to my brother that he thought I should be able to return home in a few weeks; and, needless to say, I agreed with him. But the pendulum, as it were, had swung too far. The human brain is too complex a mechanism to admit of any such complete re-adjustment in an instant. It is said to be composed of several billion cells; and, that fact granted, it seems safe to say that every day, perhaps every hour, hundreds of thousands of those within my skull were now being brought

into a state of renewed activity. Comparatively sane and able to recognize the important truths of life, I was yet insane as to many of its practical details. Judgment being King of the Realm of Thought, it was not surprising that my judgment failed often to decide correctly the many questions presented to it by its abnormally communicative subjects. At first I seemed to live a second childhood. I did with delight many things which I had first learned to do as a child — the more so as it had been necessary for me to learn again how to eat and walk, and now how to talk. I had much lost time to make up; and, for a while, my sole ambition seemed to be to utter as many thousand words *per diem* as possible. My fellow-patients who for fourteen months had seen me walk about in silence — a silence so profound and inexorable that I would seldom heed their friendly salutations — were naturally surprised to see me in my new mood of unrestrained loquacity and irrepressible good-humor. In short, I had come into that abnormal condition which is known to psychiatrists as "elation."

For several weeks I believe I did not sleep more than two or three hours of the twenty-four, each day. Such was my state of elation, however, that all signs of fatigue were entirely absent; and the sustained and abnormal mental and physical activity, in which I then indulged, has left on my memory no other than a series of very pleasant impressions. Though based on fancy the delights of madness are real. Few, if any, sane persons would care to test the matter at so great a price; but those familiar with the "Letters of Charles Lamb," must know that Lamb himself, at one time during his early manhood, underwent treatment for mental disease. In a letter to Coleridge, dated June 10, 1796, he says: "At some future time I will amuse you with an account, as full as my memory will permit, of the strange turns my

frenzy took. I look back upon it at times with a gloomy kind of envy; for, while it lasted, I had many, many hours of pure happiness. Dream not, Coleridge, of having tasted all the grandeur and wildness of Fancy till you have gone mad! All now seems to me vapid, comparatively so!"

As for me, the very first night vague and vast humanitarian projects began joyously to shape themselves in my mind. My garden of thoughts seemed filled with flowers which might properly be likened to the quick-blowing, night-blooming cereus—that Delusion of Grandeur of all flowering plants that thinks itself prodigal enough if it but unmask its beauty to the moon! Few of my bold fancies, however, were of so fugitive and chaste a splendor.

The religious instinct is found in primitive man. It is not strange, therefore, that at this time the religious side of my nature was the first to display compelling activity. Whether or not this was due to my rescue from a living death, and my immediate appreciation of God's goodness both to me and to those faithful relatives who had done all the praying during the preceding two years — this I cannot say. But the fact stands out, that, whereas I had, while in the depressed state, attached a sinister significance to everything done or said in my presence, I now interpreted the most trifling incidents as messages from God. The day after this transition I attended church. It was the first service in over two years which I had not attended against my will. The reading of a psalm — the 45th — made a lasting impression upon me, and the interpretation which I placed upon it furnishes the key to my attitude during the first weeks of elation. It seemed to me a direct message from Heaven.

The minister began: "My heart is inditing a good matter: I speak of the things which I have made touching the King:

my tongue is the pen of a ready writer." — Whose heart but mine? And the things indited — what were they but the humanitarian projects which had blossomed in my garden of thoughts over night? When, a few days later, I found myself writing very long letters with unwonted facility, I became convinced that my tongue was to prove itself "the pen of a ready writer." Indeed, to these prophetic words I trace the inception of an irresistible desire, of which this book is the first fruit.

"Thou art fairer than the children of men: grace is poured into thy lips:" was the verse next read, to which the minister responded, "Therefore God hath blessed thee for ever." — "Surely," thought I, "I have been selected as the instrument wherewith great reforms shall be effected." (All is grist that comes to the mill of a mind in elation, — then even divine encomiums seem not undeserved.)

"Gird thy sword upon thy thigh, O most mighty, with thy glory and thy majesty," — a command to fight. "And in thy majesty ride prosperously because of truth and meekness and righteousness;" replied the minister. "And thy right hand shall teach thee terrible things," read I. That I could speak the truth, I knew. "Meekness" I could not associate with myself, except that during the preceding two years I had suffered many indignities without open resentment. That my right hand with a pen should teach me terrible things — how to fight for reform — I firmly believed.

"Thine arrows are sharp in the heart of the King's enemies, whereby the people fall under thee," quoth the minister. Yes, my tongue could be as sharp as an arrow, and I should be able to stand up against those who should stand in the way of reform. Again: "Thou lovest righteousness, and hatest wickedness. — Therefore God, thy God, hath anointed thee with the oil of gladness above thy fellows."

The first sentence I did not apply to myself; but being then, as I supposed, a man restored to himself, it was easy to feel that I had been anointed with the oil of gladness above my fellows. "Oil of gladness" is, in truth, an apt phrase wherewith to describe "elation."

The last two verses of the psalm corroborated the messages found in the preceding verses: "I will make thy name to be remembered in all generations:" — thus the minister. "Therefore shall the people praise thee for ever and ever," was the response I read. That spelled immortal fame for me, but only on condition that I should carry to a successful conclusion the mission of reform — an obligation placed upon me by God when He restored my reason.

I know of no better way to convey to the reader my state of mind during these first weeks of elation than to confess — if confession it is — that when I set out upon a career of reform I was impelled to do so by motives in part like those which seem to have possessed Don Quixote when he, madman that he was, set forth, as Cervantes says, with the intention "of righting every kind of wrong, and exposing himself to peril and danger, from which in the issue he would obtain eternal renown and fame." The quoted passage, first read by me while preparing for publication the printed proof of my manuscript, embodies the very idea I had expressed months earlier, while writing the paragraph which immediately precedes this one. In likening myself to Cervantes' mad hero my purpose is quite other than to push myself within the charmed circle of the chivalrous. What I wish to do is to make plain that one abnormally elated may be swayed irresistibly by his best instincts, and that while under the spell of an exaltation, idealistic in degree, he may not only be willing, but eager to assume risks and endure hardships which under normal

conditions he would assume reluctantly, if at all. In justice to myself, however, and lest I should do "the cause" an injury, I feel privileged to remark that my plans for reform have never assumed Quixotic, and therefore impracticable, proportions. At no time have I gone a-tilting at windmills. A pen rather than a lance has been my weapon of offense and defense; for with its point I have felt sure that I should one day prick the civic conscience into a compassionate activity, and thus bring into a neglected field earnest men and women who should act as champions for those afflicted thousands least able to fight for themselves.

XIII

After being without relatives and friends for over two years I naturally lost no time in trying again to get in touch with them; — though I did heed my conservator's request that I first give him two or three days in which to acquaint certain persons with the new turn my affairs had taken.

During the latter part of that first week I wrote many letters, so many, indeed, that I soon exhausted a liberal supply of stationery. This had been placed at my disposal at the suggestion of my conservator, who had wisely arranged that I should have whatever I wanted, if expedient. It was now at my own suggestion that the supervisor gave me large sheets of manila wrapping paper. These I proceeded to cut into strips a foot wide. One such strip, four feet long, would suffice for a mere *billet-doux;* but a real letter usually required several such strips pasted together. More than once letters twenty or thirty feet long were written; and on one occasion the accumulation of two or three days of excessive productivity, when spread upon the floor, reached from one end of the corridor to the other — a distance of about one hundred feet. My output per hour was something like twelve feet with an average of one hundred and fifty words to the foot. Under the pressure of elation one takes pride in doing everything in record time. Despite my speed, however, my letters were not incoherent. They were simply digressive, which was to be expected, as elation befogs one's "goal idea." Though these epistolary monstrosities were launched, few reached their intended

addressees, for my conservator had wisely ordered that my literary output be sent in bulk to him. This interference was exasperating, but later I realized that my brother had done me a great favor when he interposed his judgment between my red-hot mentality and the cool minds of the work-a-day world. Yet, this interference with what I deemed my rights proved to be the first step in the general overruling of them by tactless attendants and, in particular, by a certain assistant physician.

All my life I have exhibited more than the average desire to superintend; and when a man is so constituted that he knows — or thinks he knows — what he wants to do at any present or future time, it is quite natural that he should give more advice than he is willing to take. In my elated condition I had an excess of questionable executive ability; and in order to decrease this executive pressure I proceeded to assume entire charge of that portion of the hospital in which I happened at the moment to be confined. What I eventually issued as imperative orders, at first were often presented as suggestions. But my statements were usually requests — my requests, demands; and, if my suggestions were not accorded a respectful hearing, and my demands acted on at once, I invariably substituted vituperative ultimatums. These were double-edged, and involved me in trouble quite as often as they gained the ends I had in view.

The assistant physician in charge of my case, realizing that he could not grant all of my requests, unwisely decided to deny most of them. Had he been tactful he could have taken the same stand without arousing my animosity. As it was, he treated me with a contemptuous sort of indifference which finally developed into spite, and led to much trouble for us both. During the two wild months that followed, the superintendent and the steward could induce

me to do almost anything by simply requesting it. If two men out of three could control me easily during such a period of mental excitement, is it not reasonable to suppose that the third man, the assistant physician, could likewise have controlled me had he treated me with due consideration? It was his undisguised superciliousness that gave birth to my contempt for him. In a letter written during my second week of elation, I expressed the opinion that he and I should get along well together. But that was before I had become troublesome enough to try the man's patience. Nevertheless, it indicates that this doctor could have saved himself hours of time and subsequent worry had he met my friendly advances in the proper spirit. Physicians throughout the country engaged in work among the insane may profitably take this observation to heart, — and "heart" I use advisedly, for it is the quality of heart rather than the quantity of mind that cures or makes happy the insane.

The literary impulse took such a hold on me that when I first sat down to compose a letter I bluntly refused to stop writing and go to bed when the attendant ordered me to do so. For over one year this man had seen me mute and meek, and the sudden and startling change from passive obedience to uncompromising independence naturally puzzled him. He threatened to drag me to my room, but strangely enough decided not to do so. After half an hour's futile coaxing, during which time an unwonted supply of blood was drawn to his brain, that surprised organ proved its gratitude by giving birth to a timely and sensible idea. With an unaccustomed resourcefulness, by cutting off the supply of light at the switch, he put the entire ward in darkness. Secretly I admired the stratagem, but my words on that occasion

probably conveyed no idea of the approbation that lurked within me.

I then went to bed, but not to sleep. The ecstasy of elation made each conscious hour one of rapturous happiness, and my memory knows no day of brighter sunlight than those nights. The flood gates of thought were wide open. So jealous of each other were the thoughts that they seemed to stumble over one another in their mad rush to present themselves to my re-enthroned ego.

I naturally craved companionship, but there were not many patients to whom I cared to talk. I did, however, greatly desire to engage the assistant physician in conversation, as he was a man of some education and familiar with the history of my case. It will be recalled that the assistant physician at the sanatorium subjected me to mechanical restraint on the plea of protecting me against myself, and later, with disgusting brutality, assaulted me. The assistant physician who now had me in charge acted with a like inconsistency. When my vocal cords were bound as with a chain, by delusions, he had tried to induce me to speak. Now, when I was at last willing to talk, he would scarcely condescend to listen. What seemed to me his studied and ill-disguised avoidance only served to whet my desire to detain him whenever possible. Of course my flow of words was interminable. To listen to all of it would have been unbearable, — and, indeed, physically impossible for a doctor with duties to other patients as well as to myself. Yet a physician genuinely interested in his work would, as I continue to think, have been glad to observe my case more closely than this one did — for scientific if not humanitarian reasons. That I do him no injustice I am led to believe by his subsequent conduct. He was content to act as a sort of monitor, to which rôle he added that of despot

when anything arose to interrupt the even tenor of his almost automatic supervision.

It was about the second week that my investigating and reformatory turn of mind became acute. The ward in which I was confined was well furnished and as home-like as such a place could be, though in justice to my own home I must observe that the resemblance was not great. About the so-called "violent" ward I had far less favorable ideas. Though I had not been subjected to physical abuse during the first fourteen months of my stay in this institution, I had seen unnecessary and oftentimes brutal force used by the attendants in the restraint of several so-called "violent" patients, who, upon their arrival, had been placed in the ward where I was. I had also heard convincing rumors of rough treatment of irresponsible patients in the violent ward. Of course the rules of the institution forbade such treatment (as the rules of all such institutions invariably do) except on those rare occasions when attendants are obliged to act in self-defense.

Having a world of energy to dispense I determined to conduct a thorough investigation of the institution. In order that I might have proof that my intended action was deliberate, my first move was to tell one or two fellow-patients that I should soon transgress some rule in such a way as to necessitate my removal to the violent ward. At first I thought of breaking a few panes of glass; but my purpose was accomplished in another way — and, indeed, sooner than I had anticipated. My conservator, in my presence, had told the assistant physician that the doctors could permit me to telephone to him whenever they should see fit. It was rather with the wish to test the unfriendly physician, than to satisfy any desire to speak with my conservator, that one morning I asked permission to call the latter up on the

telephone. That very morning I had received a letter from him. This the doctor knew, for I showed him the letter — but not its contents. It was on the letter that I based my pretext, though it did not even intimate that my brother wished to speak to me. The doctor, however, had no way of knowing that my statement was not true. To deny my request was simply one of his ill-advised whims, and his refusal was given with customary curtness and contempt. I met his refusal in kind, and presented him with a critique of his character couched in my tersest English.

Said he, "Unless you stop talking in that way I shall have you transferred to the Fourth Ward." (The Fourth was the "violent" ward.)

"Put me where you please," was my reply. "I'll put you in the gutter before I get through with you."

With that the doctor made good his threat, and the attendant escorted me to the violent ward — a willing, in fact, eager prisoner.

The ward in which I was now placed (Saturday, September 13th, 1902) was furnished in the plainest manner. The floors were of hard wood and the walls were bare. Except when at meals or out of doors taking their accustomed exercise, the patients usually sat together in one large room. In this, only heavy benches were used to sit upon. Such tempting weapons as chairs were deemed inexpedient. It was thought that in the hands of violent patients they might become a menace to the attendants and to other patients. In the dining-room, however, wooden chairs of a substantial type were allowed, for patients seldom run amuck at meal time. Nevertheless, one of the chairs in that room soon acquired a history, part of which must be related.

As my banishment had come about on short notice I had failed to provide myself with many things I could have de-

sired. My first request was that I be supplied with stationery. The attendants, acting no doubt on the doctor's orders, refused to grant my request; nor would they give me a lead pencil — which, luckily, I did not need, for I happened to be already possessed of one. Despite their refusal I managed to get some scraps of paper, on which I was soon busily engaged in writing notes to those in authority. Some of these (as I learned later) were delivered, but no attention was paid to them. No doctor came near me until evening, when the one who had banished me made his regular round of inspection. When he appeared the interrupted conversation of the morning was resumed — that is, by me, — and in a similar strain. I again asked leave to telephone my conservator. I knew that on Sunday I could not make connections, so I asked for permission to telephone on Monday. The doctor again refused, and I, of course, told him what I thought of him.

My imprisonment pleased me. I was where I most wished to be, and I busied myself investigating conditions and recording mental notes. As the assistant physician could grant favors to the attendants, and had authority either to retain or discharge them, they did his bidding and continued to refuse most of my requests. In spite of their unfriendly attitude, however, I did manage to persuade the supervisor to deliver a note to the steward. In it I asked him to come at once, as I wished to talk with him. The steward, whom I looked upon as a friend, returned no answer and made no visit. I supposed he, too, had purposely ignored me. As I learned afterwards, both he and the superintendent were absent, else perhaps I should have been treated in a less high-handed manner by the assistant physician.

The next morning, after a renewal of my request and a repeated refusal, I asked the doctor to send me the "Book

of Psalms" which I had had in my former room. With this request he complied, believing, perhaps, that some religion would at least do me no harm. I probably read my favorite psalm, the forty-fifth; but most of my time I spent writing on the fly-leaves psalms of my own. And if the value of a psalm is to be measured by the intensity of feeling portrayed, my compositions of that day rightly belonged beside the writings of David. My psalms were indited to those in authority at the hospital, and later in the day the supervisor — who proved himself a friend on many occasions — took the book to headquarters.

The assistant physician, who had mistaken my malevolent tongue for a violent mind, had placed me in an exile which precluded my attendance upon the service which was held in the chapel that Sunday afternoon. Time which might better have been spent in church I therefore spent in perfecting a somewhat ingenious scheme for getting in touch with the steward. That evening when the doctor again appeared I approached him in a friendly way and politely repeated my request. He again refused to grant it. With an air of resignation I said, "Well, as it seems useless to argue the point with you, and as the notes sent to others have thus far been ignored, I should like, with your kind permission, to kick a hole in your damned old building and to-morrow present myself to the steward in his office."

"Kick away!" said he with a sneer. He then entered an adjoining ward, where he remained for about ten minutes.

If you will draw in your mind, or on paper, a letter "L," and let the upright part represent a room forty feet in length, and the horizontal part one of twenty, and if you will then picture me as standing in a doorway at the intersection of these two lines, and the doctor behind another door at the top of the perpendicular, forty feet away, you will have rep-

resented graphically the opposing armies just prior to the first real assault in what proved to be a siege of seven weeks.

The moment the doctor re-entered the ward, as he had to do to return to the office, I disappeared through my door — into the dining-room. I then walked the length of this room and picked up one of the heavy wooden chairs, selected for the purpose in view while the doctor and his tame charges were at church. Using the chair as a battering-ram, without malice — joy being in my heart — I deliberately thrust two of its legs through an upper and a lower pane of a four-paned plate glass window. The only miscalculation I made was in failing to place myself directly in front of that window, and at a proper distance, so that I might have broken every one of the four panes. This was a source of regret to me, and well it might have been so, for I am loath to leave a well thought-out piece of work unfinished.

The crash of shattered and falling glass startled every one but me. Particularly did it frighten one patient who happened to be in the dining-room at the time. He fled. The doctor and the attendant who were in the next room could not see me, or know what the trouble was; but they lost no time in finding out. Within two or three seconds they appeared, in a state of great excitement. Like the proverbial cold-blooded murderer who stands over his victim, weapon in hand, calmly awaiting arrest, I stood my ground, and, with a fair degree of poise, awaited the onrush of doctor and attendant. These soon had me in hand. Each taking an arm they marched me to my room. This consumed not more than half a minute, but the time was not so short as to prevent my delivering myself of one more thumb-nail characterization of the doctor. My inability to recall that delineation, verbatim, entails no loss on literature, for, I fear, my words approached an unprintable perfection. But

one remark made as the doctor seized hold of me was apt, though not impromptu. I had framed the sally several hours earlier. "Well, doctor, knowing you to be a truthful man, I just took you at your word," said I.

Senseless as this act of mine appears it was, like so many acts of the insane, the result of logical thinking. Indeed, logical thinking among the insane is common, rather than rare. But the logical faculty in an insane person is usually of slight advantage to him, for he reasons either from a false premise, or reasoning correctly he betrays his insane condition when he attempts to apply his logic to a given situation. An illuminating example of an insane application of sound logic is afforded by the incident I am now discussing. The steward had entire charge of the building and ordered all necessary repairs. It was he whom I desired above all others to see, and I reasoned that the breaking of several dollars' worth of plate glass (for which, later, to my surprise, I had to pay) would compel his attention on grounds of economy, if not those of the friendly interest which I now believed he had abandoned. Early the next morning, as I had hoped, the steward appeared. He approached me in a friendly way (as had been his wont) and I met him in a like manner. Said he, good-naturedly, "I wish you would leave a little bit of the building."

"I will leave it all, and gladly, if you will pay some attention to my messages," said I.

"Had I not been out of town," said he, "I would have come to see you sooner." And this honest excuse I believed and accepted.

I made known to the steward the assistant physician's behavior in balking my desire to telephone my conservator. He agreed to place the matter before the superintendent, who had that morning returned. As proof of gratitude,

I promised to suspend hostilities until I had had a talk with the superintendent. I made it quite plain, however, that should he fail to keep his word, I would further facilitate the ventilation of the violent ward — not a polite thing to say, but my faith in mankind was not yet wholly restored.

XIV

A FEW hours later, without having witnessed anything of particular significance, except as it befell myself, I was transferred to my old ward. The superintendent, who had ordered this rehabilitation, soon appeared, and he and I had a satisfactory talk. He gave me to understand that he himself would look after my case, as he realized that his assistant lacked the requisite tact and judgment to cope with one of my temperament — and with that, my desire to telephone my conservator vanished.

Now no physician would like to have his wings clipped by an insane patient, even indirectly, and without doubt the man's pride was piqued as his incompetence was thus made patent. Thereafter when he passed through the ward he and I had frequent tilts. Not only did I lose no opportunity to belittle him in the presence of attendants and patients, but I even created such opportunities; so that before long he studiously avoided me whenever possible. But it seldom was possible. My chief amusement consisted in what were really one-sided interviews with him. Occasionally he was so unwise as to stand his ground for several minutes, and his arguments on such occasions served only to keep my temper at a vituperative heat. If there were any epithets which I failed to apply to him during the succeeding weeks of my association with him they must have been coined since. I am no candidate for the reputation which attaches to mean tongues; but I wish to give some slight excuse for the hateful way in which this man treated me when I finally fell into

his power. The fact is that the uncanny admixture of sanity displayed by me, despite my insane condition, was something this doctor could not comprehend. Remarks of mine, therefore, which should have been discounted or ignored, rankled in his breast as the insults of a sane and free man would have done. No doubt a rare degree of tact was what was required for the proper and continued control of a patient of my temperatment. Yet I am sure a judicious granting of requests, or a helpful refusal, would have contributed to an earlier recovery and insured a less stormy period of convalesence. For a mind as active as mine to be contented for long was out of the question; yet I know that the blunt and indiscriminate refusal of most of my requests prolonged my period of mental excitement; whereas, fair treatment would have restored me to health, freedom, and society several months earlier. The loss of time is of small moment, but the risk of irreparable injury which I was forced to assume is not to be lightly regarded. That some curable cases of insanity have been made chronic by just such treatment as I was fortunate enough to survive is an indisputable fact, — direct proof whereof can never be offered by these hapless ones, for they are now in their graves — living graves, some of them.

When my period of depression gave way to one of elation, an ultimate, if temporary recovery at least was assured. What followed was a period of convalescence, and the doctors knew that the return of my brain to its normal condition would be only a question of time, — though they could not predict whether normality would long continue, for cycles of depression and elation tend to recur in a brain that has once been so affected. Surely I was entitled to the sanest of treatment from the very moment the state of comparative sanity manifested itself. Instead, I was soon subjected to

treatment so brutal that I might not have survived it had I not been blessed with a strong constitution and a virile hope.

After my return to my old ward I remained there for a period of three weeks. At that time I was a very self-centered individual. My large and varied assortment of delusions of grandeur made everything seem possible. There were few problems I hesitated to attack. With sufficient provocation I even attacked attendants — problems in themselves; but such fights as I subsequently engaged in were fights, either for my own rights or the rights of others. Though for a while I got along fairly well with the attendants and as well as could be expected with the assistant physician, it soon became evident that these men felt that to know me more was to love me less. Owing to their lack of capacity for the work required of them, I was able to cause them endless annoyance. Many times a day I would instruct the attendants what to do and what not to do, and tell them what I should do if my requests, suggestions, or orders were not immediately complied with. For over one year the attendants had seen me in a passive, almost speechless condition, and they were, therefore, unable to understand my unwonted aggressions. The threat that I would chastise them for any disobedience of my orders they looked upon as a huge joke. So it was, until one day I incontinently cracked that joke against the head of one of them.

It began in this wise: Early in October a man was committed to my ward whose abnormality for the most part consisted of an inordinate thirst for liquor. He did not appear to me to be really insane, nor, according to report, had he ever been so, except as thousands of free men are who have poisoned their systems with strong drink. He was over

fifty years of age, well educated, traveled, refined and of an artistic temperament. Congenial companions were scarce where I was, and he and I were soon drawn together in friendship. This man had been trapped into the institution by the subterfuge of relatives. As is common in such cases many "white" lies had been resorted to in order to save trouble for all concerned, — that is, all except the patient. To be taken without notice from one's home and by a deceitful, though, under the circumstances, perhaps justifiable strategy, placed in a ward with fifteen other men, all exhibiting insanity in varying degrees, is as heartbreaking an ordeal as one can well imagine. Yet such was this man's experience. A free man one day, he found himself deprived of his liberty the next, and branded with what he at the time considered an unbearable disgrace. In justice to the relatives of this man, however, it is but fair to credit them with good intentions. They simply erred through ignorance. Like ninety-nine out of a hundred persons so situated, they did not know that it is not only safe, but advisable, to tell the afflicted one the truth, and nothing but the truth — after his mental condition has been passed upon by competent authorities and arrangements have been made for his transfer to a public or private hospital. This point I have discussed with physicians who have had placed under their care hundreds of insane persons. Their advice may be summed up as follows: After the relatives of an insane person, or of a person threatened with insanity, have reached the point where commitment of the patient has become inevitable, let them act with decision, tact, and honesty. First complete the arrangements for the transfer of the patient to the hospital; then shortly before the transfer is to be made, tell the patient frankly why such action has been taken or tell him earlier, provided he be kept constantly under the

care of a nurse — this to guard against any overt act induced by that innate and sometimes overpowering dread of confinement in a hospital for the insane.[1] Emphasize the fact that a mental disorder cannot be treated properly at home, and that the patient will stand a better chance for recovery in an institution than out of one, — which is true. Assure the patient that he will be visited often by relatives and friends, and impress upon him that his every interest will be safeguarded. Then keep such promises to the letter. Experience teaches that a patient who is treated honestly from the beginning usually enters a hospital with comparatively slight reluctance. Further, he is quick to appreciate the advantages of hospital treatment, — indeed, he frequently appreciates its benefits much sooner than those who effected his commitment. Thus, by a firm, tactful, honest method of procedure, a patient's confidence in his relatives, friends and the hospital authorities is at once established and easily maintained, with incalculable benefit to all; whereas, on the other hand, subterfuge and "white" lies — which are so often *black* lies, undermine the confidence of the patient, make him unhappy, delay his recovery, and seriously hamper the hospital officials in their appointed work.

Mr. Blank (as I shall call him) was completely unnerved.

[1] As laws regarding commitment are not uniform throughout the country, it would be necessary in some States to tell the patient, earlier than is here suggested, of his impending transfer to a hospital. Thus do imperfect statutes help to make worse a situation already distressing. Another source of trouble is an ignorant handling of the patient, on his way to a hospital. Trained attendants should be called in at such a time, as is required by law in some States. A general adoption of this law will put a stop to the humiliating, oftentimes cruel, and invariably unnecessary hand-cuffing and binding of insane persons while being transferred to an institution. It seems fair that nurses rather than ignorant, and perhaps unfeeling, officers of the law, should be placed in charge of a person who need plead guilty to no charge other than that of being in ill-health.

As he was a stranger in what I well knew was a strange world I took him under my protecting and commodious wing. I did all I could to cheer him up, and tried to secure for him from the attendants that consideration which I deemed indispensable to his well-being. Patients in his condition had never been forced, when taking their exercise, to walk about the grounds with the other patients. At no time during the preceding fourteen months had I seen a newly-committed patient forced to exercise against his will. One who objected was invariably left in the ward, or his refusal reported to the doctor before further steps were resorted to. No sane person need stretch his imagination in order to realize how humiliating it would be for this man to walk with a crowd which greatly resembled a "chain-gang." Two by two, guarded by an attendant — usually two attendants — these hostages of misfortune get the only long walks their restricted liberty allows them. After the one or two occasions when this man did walk with the gang I was impressed with the not wholly unreasonable thought that the physical exercise in no way compensated for the mental distress which the sense of humiliation and disgrace caused him to suffer. It was therefore delightfully easy for me to interfere in his behalf; and when he came to my room, wrought up over the prospect of another such humiliation and weeping bitterly, I assured him that he should take his exercise that day when I did. My first move to accomplish the desired result was to approach, in a friendly way, the attendant in charge, and ask him to permit my new friend to walk about the grounds with me when next I went. He said he would do nothing of the kind — that he intended to take this man when he took the others. Said I, "For over a year I have been in this ward and so have you, and I have

never yet seen a man in Mr. Blank's condition forced to go out of doors."

"It makes no difference whether you have or not," said the attendant, "he's going."

"Will you ask the doctor whether Mr. Blank can or cannot walk about the grounds with my special attendant when I go?"

"No, I won't. Furthermore, it's none of your business."

"If you resort to physical force and attempt to take Mr. Blank with the other patients, you'll wish you hadn't," said I, and I walked away.

At this threat the attendant scornfully laughed. To him it meant nothing. He believed I could fight only with my tongue, and I confess that I myself was in doubt as to my power of fighting otherwise.

Returning to my room where Mr. Blank was in waiting, I supported his drooping courage and again assured him that he should be spared the dreaded ordeal. I ordered him to go to a certain room at the farther end of the hall and there await developments — so that, should there be a fight, the line of battle might be a long one. He obeyed. In a minute or two the attendant was headed for that room. I followed closely at his heels, still threatening to attack him if he dared so much as lay a finger on my friend. Though I was not then aware of it, I was followed by another patient, a man, who, though insane, had his lucid intervals and always a loyal heart. He seemed to realize that trouble was impending and that very likely I should need help. Once in the room the war of words was renewed, my sensitive and unnerved friend standing by and looking anxiously on.

"I warn you once more," said I, to the attendant, "if you touch Mr. Blank I'll punch you so hard you'll wish you

hadn't." The attendant's answer was an immediate attempt to eject Mr. Blank from the room by force. Nothing could be more automatic than my action at that time; — indeed, to this day I do not remember performing the act itself. What I remember is the determination to perform it and the subsequent evidence of its having been performed. I remember every part of the encounter except the one instant devoted to the execution of my predetermined *coup de main.* At all events I had already made up my mind to do a certain thing if the attendant did a certain thing. He did the one and I did the other. Almost before he had touched Mr. Blank's person my right fist struck him with great force in, on, or about the left eye. It was then that I became the object of the attendant's attention — but not his undivided attention — for, as he was choking me, my unsuspected ally stepped up and paid the attendant a sincere compliment by likewise choking him. In the scuffle I was forced to the floor. The attendant had a hand upon my throat. My ward-mate had both hands upon the attendant's throat. Thus was formed a chain with a weak, if not a missing, link in the middle. Picture if you will an insane man being choked by a supposedly sane man, and he in turn being choked by a temporarily sane insane friend of the assaulted one, and you will have Nemesis more nearly in a nutshell than any mere rhetorician has yet been able to put her.

That I was well choked is proved by the fact that my throat bore the crescent-shaped mark of my assailant's thumb nail. And I am inclined to believe that my rescuer, who was a very powerful man, made a decided impression on the attendant's throat. Had not the superintendent opportunely appeared at that moment the attendant might soon have lapsed into unconsciousness, for I am sure my ally would never have released him until he should have

released me. The moment the attendant with his one good eye caught sight of the superintendent the scrimmage ended. This was but natural, for it is an offense against the code of honor generally obtaining among attendants that one should so far forget himself as to abuse patients in the presence of sane and competent witnesses.

The choking which I had just received only served to limber my vocal cords. I told the doctor all about the preliminary verbal skirmish and the needlessness of the fight. The superintendent had graduated at Yale over fifty years prior to my own graduation, and because of our common interests and his consummate tact we got along well together. But his friendly interest did not keep him from speaking his mind upon occasions, as his words at this time proved. "You don't know how it grieves me to see you — a Yale man — act so like a rowdy," said he.

"If fighting for the rights of a much older man, unable to protect his own interests, is the act of a rowdy, I'm quite willing to be thought one," was my reply.

Need I add that the attendant did not take Mr. Blank for a walk that morning? Nor, so far as I know, was the latter ever forced again to take his exercise against his will.

I have devoted much space to the foregoing incident because it represents fairly a majority of the assaults now committed in our asylums. Had the attendant possessed and exercised tact, there would have been no needless assault committed that day. In my opinion the number of fights or assaults caused by insane patients running amuck is smaller, relatively, than the number of fights that would naturally occur among a given number of schoolboys, full of animal spirits. Nine out of ten of the hundreds of as-

saults which occur annually in our hospitals and asylums are the fault of the attendants rather than of their charges. It is therefore evident that the solution of the problem of eliminating brutality centers in the attendants, the majority of whom to-day are deplorably incompetent. In fact the only attendants who are not likely at times to commit outrages are those who at heart are believers in "Non-Restraint;" — and that more of them do not use that humane method of treatment is the fault of the doctors in charge.

XV

The superintendent now realized that I was altogether too energetic a humanitarian to remain in a ward with so many other patients. My actions had a demoralizing effect upon them; so I was forthwith transferred to a private room, one of two situated in a small one-story annex. These new quarters were rather attractive, and not unlike a conventional bachelor apartment.

As there was no one here with whom I could interfere I got along without making any disturbance — that is, so long as I had a certain special attendant, a man suited to my temperament. He who was now placed over me understood human nature and could recognize it even in an insane man. He never resorted to force if argument failed to move me; and trifling transgressions, which would have led to a fight had he behaved like a typical attendant, he either ignored or privately reported to the doctor. This competent attendant, whom I liked, could and did control me with ease. As it is in the world at large, so in asylums likes and dislikes are usually mutual. Accordingly, for the whole period of my intense excitement there were certain doctors and attendants who could control me, and certain other doctors and attendants whose presence threw me into a state bordering on rage, and frequently into passions which led to distressing results. To place over me those I liked, rather than attempt to make me adjust my unruly personality to those I hated, would have cost attention and perhaps inconvenience. But would not the reward have been worth the pains?

And if hospitals exist for the purpose of restoring patients to health, was I not of right entitled to all such benefits?

Good attendants seldom stay long at their work, for their rewards are insignificant, if not insulting. Unfortunately for me, my good attendant soon left the institution to accept a more attractive business offer. He left without even a good-by to me. Nothing proves more conclusively how important to me would have been his retention than this abrupt leave-taking which the doctor had evidently ordered, thinking perhaps that the prospect of a change of attendants would excite me. However, I caused no trouble when the substitution was made, though I did dislike the idea of having placed over me a man with whom I had previously had misunderstandings. He was about my own age and it was by no means so easy to take orders from him as it had been to obey his immediate predecessor who was considerably older than myself. Then, too, this young attendant disliked me because of the many disagreeable things I had said to him while I was confined in a general ward. He weighed about one hundred ninety pounds to my one hundred thirty, and had evidently been delegated to attend me because of his great physical strength. But I am inclined to think that a choice based on mental rather than physical considerations would have been wiser. The superintendent, because of his advanced age and ill health, had been obliged again to place my case in the hands of the assistant physician, and the latter gave this new attendant certain orders. What I was to be permitted to do, and what not, was carefully specified. These orders, many of them unreasonable, were carried out to the letter. For this I cannot justly blame the attendant. The doctor had deprived him of the right to exercise what judgment he had.

At this period I required but little sleep. I usually spent

part of the night drawing; for it was in September, 1902, while I was at the height of my wave of self-centered confidence, that a friend who came to see me had given me a copy of *Life*. And as I had already decided in my own mind that I was destined to become a writer of books — or at least of one book — I thought I might as well be an artist, too, and illustrate my own productions. In school I had never cared for drawing; nor at college, either, where, at the Yale Art School, I took a compulsory and distasteful course in that subject. But now my awakened artistic impulse was irresistible. My first self-imposed lesson was a free-hand copy of the design on the cover of *Life*, including the illustration. Considering the circumstances, that first drawing was creditable, though I cannot now prove the assertion; for inconsiderate attendants destroyed it, with many more of my drawings and manuscripts. From the very moment I completed that first drawing, honors were divided between my literary and artistic impulses; and a letter which, in due time, I was impelled to write to the Governor of the State incorporated art with literature. I wrote and read several hours a day and I spent as many more, drawing. But the assistant physician, instead of making it easy for me to rid myself of an excess of energy along literary and artistic lines, balked me at every turn, and seemed to delight in displaying as little interest as possible in my newly awakened ambitions. So that at a time when everything should have been done to calm my abnormally active mind, a studied indifference and failure to protect my interests kept me in a state of constant exasperation.

But circumstances now arose which brought about the untimely stifling — I might better say strangulation — of my artistic impulses. The doctors were led — unwisely, I believe, considering their methods and the hospital's equip-

ment — to decide that absolute seclusion was the only thing that would ease my over-active brain. In consequence, all writing and drawing materials and all books were taken from me. And from October 18th until the first of the following January, except for one short fortnight, my brain was left again to all but beat itself into an insane condition, either against itself, or the bare walls and floors of the small, barred rooms in which I was next confined — hardly better than cells in a State's prison and in some instances far worse.

A corn-cob was the determining factor at this crisis. Seeing in myself an embryonic Raphael I had a habit of preserving all kinds of odds and ends as souvenirs of my development. These, I believed, sanctified by my Midas-like touch, would one day be of great value. If the public can tolerate, as it does, thousands of souvenir hunters, surely an inmate of an asylum should be indulged in the whim for collecting such souvenirs as come within his reach. Among the odds and ends which I had gathered were several corn-cobs. These I intended to gild and make useful by attaching to them small thermometers. If they seemed valuable to me at the time, that fact in itself should have been reason enough for permitting me to retain them. But, on the morning of October 18th, my athletic attendant, finding them, forthwith informed me that he should throw them away. I as promptly informed him that any such action on his part would lead to a fight. And so it did.[1]

[1] Though I admit that the impulse to collect souvenirs must be held in check, lest a patient's room become a sort of junk-shop, I will not admit that the "souvenir habit" can best be cured by a resort to force — and abusive language. A tactful appeal to a patient's sense of right and justice will invariably accomplish a better and more lasting result. Witness the case of the attendant whose insane charge had jumped into a deep river with the mad desire to drown himself. "If you don't come back here I'll lose my job!" shouted the attendant in desperation. The prospective suicide heard

When this fight began there were two attendants at hand. I fought them both to a standstill, and told them I should continue to fight until the assistant physician came to the ward. Thereupon, my special attendant, realizing that I meant what I said, held me while the other went for assistance. He soon returned, not with the assistant physician, but with a third attendant, and the fight was renewed. The one who had acted as messenger, being of finer fiber than the other two, stood at a safe distance. It was of course against the rules of the institution for an attendant to strike a patient, and, as I was sane enough to report with a fair chance of belief any forbidden blows, each captor had to content himself with holding me by an arm and attempting to choke me into submission. However, I was able to prevent them from getting a good grip on my throat, and for almost ten minutes I continued to fight, telling them all the time that I would not desist until a doctor should come. An assistant physician, but not the one in charge of my case, finally appeared. He ordered the attendants to place me in the "violent ward," which adjoined the private apartment I was then occupying, and they lost no time in locking me in a small room in that ward.

This first fight of the day occurred about 8 A.M. — a fact which should be noted, for October 18th, 1902, was about the busiest day of my life. Three fights between sunrise and sunset, and two other incidents not less full of action, and one of them full of torture, give that day a distinctive character.

Friends have said to me: "Well, what is to be done with an insane man when he runs amuck?" The best

the appeal, swam ashore, was saved, and to-day enjoys health and freedom. The truth of this incident is vouched for by Dr. Adolf Meyer, of New York.

answer I can make is: "Do nothing to make him run amuck."

A man in the condition in which I was during the period of my elation is a spoiled child. If he wants a thing, harmless to himself and to others, he should have it. A hospital for the insane must answer many of the purposes of a kindergarten and, at times, may well be turned into one. The greater initial expenditure entailed in the individual treatment of a case would be offset by the more rapid recovery and earlier discharge of the patient. While I was on the rampage, not more than four or five others under the care of the assistant physician required especial attention. But I required it, and, realizing this, I did my best to get it. Certain psychiatrists support me in the opinion that had I had an attendant with the wisdom and ability to humor me and permit me to keep my priceless corn-cobs, the fight in question, and the worse events that followed, would not have occurred — not that day, nor ever, I believe, had I at all times been properly treated by those in charge of me.

So again I found myself in the violent ward — but this time not because of any desire to investigate it. Art and literature being now more engrossing than my plans for reform, I became, in truth, an unwilling occupant of a room in a ward devoid of even a suggestion of the æsthetic. The room itself was clean, and under other circumstances might have been cheerful. It was twelve feet long, seven feet wide, and twelve high. A cluster of incandescent lights, enclosed in a semi-spherical glass globe, depended from the ceiling. The walls were bare and plainly wainscotted, and one large window, barred without, gave light. At one side of the door was an opening a foot square with a

door of its own which could be opened only from without, and through which food could be passed to a supposedly dangerous patient. Aside from an iron cot bed, screwed to the floor, the room had no furniture.

The attendant, before locking me in, searched me and took from me several lead pencils; but the stub of one escaped his vigilance. Naturally, to be taken from a handsomely furnished apartment and thrust into such a bare and unattractive room as this, caused my already heated blood to approach the boiling point. Consequently, my first thought was to send a note to the physician who regularly had charge of my case, requesting him to visit me as soon as he should arrive — and I have every reason to believe that the note was delivered. Whether or not this was so, a report of the morning's fight and my transfer must have reached him by some one of the several witnesses. While waiting for an answer, I busied myself writing, and as I had no better supply of stationery I wrote on the walls. Beginning as high at I could reach I wrote in columns, each about three feet wide. Soon the pencil became dull. But dull pencils are easily sharpened on the whetstone of wit. Stifling acquired traits, I permitted myself to revert momentarily to a primitive expedient. I gnawed the wood quite from the pencil, leaving only the graphite core. With a bit of graphite a hand guided by the unerring insolence of elation may artistically damn all men and things. That I am inclined to believe I did; and I question whether Raphael or Michael Angelo — upon whom I then looked as mere predecessors — ever put more feeling per square foot into their mural masterpieces.

Every little while, as if to punctuate my composition, and in a vain endeavor to get attention, I kicked the door vigorously. Knowing the history of my case, the assistant physi-

cian when he learned of my transfer should have made a special visit. But this he neglected to do. Not until eleven o'clock, on his regular round of inspection, did he come near me. As a result I was left for three hours to thrash around that room and work myself into a state of desperate rage. I made up my mind to compel attention. A month earlier, shattered glass had enabled me to accomplish a certain sane purpose. Again this day it served me. The opalescent globe at the ceiling seemed to be the most vulnerable point for attack. How to reach and smash it was the next question — and soon answered. Taking off my shoes I threw one with great force at my glass target and succeeded in striking it a destructive blow.

When attendants' ears become as nicely attuned to the suppliant cries of neglected patients as they now are to the summoning sound of breaking glass, many of the abuses of which I complain will cease forever to be heard of. The attendants charged upon my room. Their entrance was momentarily delayed by the door which stuck fast. I was standing near it, and when it gave way its edge struck me on the forehead with force enough to have fractured my skull had it struck a weaker part. The attendants were unable to see me, and for this hurt no blame attached to them, except in so far as it was the indirect result of their continued neglect of me.

Once in the room the two attendants threw me on the bed and choked me so severely that I could feel my eyes starting from their sockets. When attendants choke patients they do so in a bungling manner — even those who have conducted the brutal operation often enough to have mastered the technique of it. As it was, a clumsy fellow filled his fist with most of the muscles in my neck and then proceeded to manipulate my throat much as one would squeeze

a sponge. The attendants then put the room in order; removed the glass—that is, all except one small and apparently innocent, but as the event proved well-nigh fatal, piece,—took my shoes and again locked me in my room — not forgetting, however, to curse me well for making them work for their living.

When the assistant physician finally appeared I met him with a blast of invective which, in view of the events which quickly followed, must have blown out whatever spark of kindly feeling toward me he may have ever entertained. I demanded that he permit me to send word to my conservator asking him to come at once and look after my interests, for I was being unfairly treated. I also demanded that he request the superintendent to visit me at once, as I intended to have nothing more to do with assistant physicians or attendants who were neglecting and abusing me. He yielded to neither demand.

The bit of glass, which the attendants had overlooked, was as large as my thumb nail. If I remember rightly it was not a part of the broken globe. It was a piece that had probably been hidden by a former occupant, in a corner of the square opening at the side of the door. At all events, if the pen is the tongue of a ready writer, so may a piece of glass be, under given conditions. As the thought I had in mind seemed an immortal one I decided to etch, rather than write with fugitive graphite. On the topmost panel of the door, which a few minutes before had dealt me so vicious a blow, I scratched a seven-word sentiment — sincere, if not classic: "God bless our Home, which is Hell."

The violent exercise of the morning had given me a good appetite and I ate my dinner with relish, though with some difficulty, for the choking had lamed my throat. On serving this dinner the attendants again left me to my own devices.

The early part of the afternoon I spent in vain endeavors to induce them to take notes to the superintendent and his assistant. They continued to ignore me. By sundown the furious excitement of the morning had given place to what might be called a deliberative excitement, which, if anything, was more effective. It was but a few days earlier that I had discussed my case with the assistant physician and told him all about the suicidal impulse which had been so strong during my entire period of depression. I now reasoned that a seeming attempt at suicide, a "fake" suicide, would frighten the attendants into calling this doctor whose presence I now desired — and desired the more because of his persistent indifference. No man that ever lived loved life more than I did on that day, and my mock tragedy which I successfully played about dusk was, I believe, as good a farce as was ever perpetrated. If I had any one ambition it was to live long enough to regain my freedom and put behind iron bars this doctor and his tools, the attendants. To compel attention — that was my object.

At that season the sun set by half-past five and supper was usually served about that time. So dark was my room then that objects in it could scarcely be distinguished. About a quarter of an hour before the attendant was due to appear with my evening meal I made my preparations. That the stage setting might be in keeping with the plot, I tore up such papers as I had with me, and also destroyed other articles in the room — as one might in a frenzy; and to complete the illusion of desperation, deliberately broke my watch. I then took off my suspenders, and tying one end to the head of the bedstead made a noose of the other. This I adjusted comfortably about my throat. At the crucial moment I placed my pillow on the floor beside the head of the bed and sat on it — for this was to be an easy death. I then

bore just enough weight on the improvised noose to give all a plausible look. And a last life-like (or rather death-like) touch I added by gurgling as in infancy's happy days.

No schoolboy ever enjoyed a prank more than I enjoyed this one. Soon I heard the step of the attendant, bringing my supper. When he opened the door he had no idea that anything unusual was happening within. Coming as he did from a well lighted room into one that was dark it took him several seconds to grasp the situation — and then he failed really to take it in, for he at once supposed me to be in a semi-unconscious condition from strangulation. In a state of great excitement this brute of the morning called to his brute-partner and I was soon released from what was nothing more than an amusing position, though they believed it one of torture. The vile curses with which they had addressed me in the morning were now silenced. They spoke kindly and expressed regret that I should have seen fit to resort to such an act. Their sympathy was as genuine as such men can feel, but a poor kind at best, for it was excited by the thought of what might be the consequences to them of their own neglect. While this unwonted stress of emotion threatened the attendants' peace of mind I continued to play my part, pretending to be all but unconscious.

Shortly after thus rescuing me from a very living death, the attendants picked me up and carried my limp body and laughing soul to an adjoining room, where I was tenderly placed upon a bed. I seemed gradually to revive.

"What did you do it for?" asked one of the attendants.

"What's the use of living in a place like this, to be abused as I've been to-day?" I asked. "You and the doctor ignore me and all my requests. Even a cup of water between meals is denied me, and other requests which you have no right to refuse. Had I killed myself, both of you would have been

discharged. And if my relatives and friends had ever found out how you had abused and neglected me it is likely you would have been arrested and prosecuted."

Word had already been sent to the assistant physician. He hurried to the ward, his almost breathless condition showing how my farce had been mistaken for a real tragedy. The moment he entered I abandoned the part I had been playing.

"Now that I have you three brutes where I want you I'll tell you a few things you don't know," said I. "You probably think I've just tried to kill myself. It was simply a ruse to make you give me some attention. When I make threats and tell you that my one object in life is to live long enough to regain my freedom and lay bare the abuses which abound in hospitals for the insane you simply laugh at me, don't you? But the fact is, that's my ambition, and if you knew anything at all you'd know that abuse won't drive me to suicide. You can continue to abuse me and deprive me of my rights, and keep me in exile from relatives and friends, but the time will come when I'll make you sweat for all this. I'll put you in prison where you belong. Or if I fail to do that, I can at least bring about your discharge from this institution. What's more, I will."

The doctor and attendants now took my threats with characteristic nonchalance. Such threats, often enough heard in such places, make little or no impression, for they are seldom made good. Most of those subjected to abuse and neglect never regain their freedom; or, if they do, have not an accurate enough memory, or a stout enough heart, to support any inclination they may have to proceed to action. When I made these threats I really wished to put these men in prison. To-day I have no such desire, for were they not victims of the same vicious system of

treatment to which I was subjected? In every institution conducted on the principles of "Restraint" the very atmosphere is brutalizing. Place a bludgeon in the hand of any man, with instructions to use it when necessary, and the gentler and more humane methods of persuasion are naturally forgotten or deliberately abandoned.

Throughout my period of elation, especially the first months of it when I was doing the work of several normal men, I required an increased amount of fuel to generate the abnormal energy my activity demanded. I had the characteristic voracious appetite, and I now insisted that the attendant give me the supper which he was about to serve when he discovered me in the simulated throes of death. At first he refused, but finally relented and brought me a cup of tea and some buttered bread. Because of the severe choking administered earlier in the day it was with difficulty that I swallowed any food. I *had* to eat slowly. The attendant, however, ordered me to hurry and threatened otherwise to take what little supper I had. I told him that I thought he would not — that I was entitled to my supper and intended to eat it with as much comfort as possible. This nettled him, and by a sudden and unexpected move he managed to take from me all but a crust of bread. Even that he tried to snatch. I resisted and the third fight of the day was soon on, — and that within five minutes of the time the doctor had left the ward. At the time I was seated on the bed. The attendant, true to his vicious instincts, grasped my throat and choked me with the full power of a hand accustomed to that unmanly work. His partner, in the meantime, had rendered me helpless by holding me flat on my back while the attacking party choked me into breathless submis-

sion. The first fight of the day was caused by a corn-cob; this of the evening by a crust of bread. Insignificant things — but eloquent evidence. In each instance an insane man, conscious of his rights, was assaulted by two sane but untrained and unfeeling men whose brutal methods were countenanced by a sane physician.

Were I to close the record of events of that October day with an account of the assault just described, few, if any, would imagine that I had failed to mention all the abuse to which I was that day subjected. The fact is that not the half has been told. As the handling of me within the twenty-four hours typifies the worst, but, nevertheless, the not unusual treatment of all patients in a like condition, I feel constrained to describe minutely the torture which was my portion that night. I would prefer not to deal at such length with so distressing a subject, but to yield to that preference would not be the way of truth. There are abuses to be corrected and they must be laid bare by one with personal and painful knowledge of them. Non-combatants may with propriety discuss the buzzing of a mosquito, but the ominous sound of the bullet can best be described by a man who has been on the firing-line.

After that supper-fight I was left alone in my room for about an hour. Then the assistant physician, the two attendants, and a third attendant entered. One of the attendants carried a canvas contrivance known as a camisole. A camisole is a type of strait-jacket; and a very convenient type it is for those who resort to such methods of restraint,[1]

[1] There are several methods of restraint in use, chief among them: "mechanical restraint" and so-called "chemical restraint." The former consists in the use of *instruments* of restraint, namely, strait-jackets or camisoles, "muffs," straps, "mittens," "restraint" or "strong" sheets, etc., —

for it enables them to deny the use of strait-jackets at all. A strait-jacket, indeed, is not a camisole, just as electrocution is not hanging.

When I planned my ruse of the afternoon I knew perfectly well that I should soon find myself in a strait-jacket. The thought rather took my fancy, for I was resolved to know the inner workings of the violent ward; and as my purpose in life was eventually to bring about reform, I bore the more willingly, sometimes even cheerfully, much of the abuse to which I was subjected. But the fact that my transgressions of rules were frequently deliberate in no way excuses those in authority. For in no other respect did my acts — unquestionably those of an insane man — differ from those of other patients, — except, perhaps, that I was able to avoid their repetition and thus escape much of the punishment which falls to the lot of those who know not what they do. If what I am about to relate arouses sympathy, I trust that it will be bestowed upon the irresponsible patients in whose behalf I speak — not wasted on one who no longer needs it.

The piece of glass with which I had that morning written the motto already quoted I had appropriated for a purpose.

all of them instruments of neglect and torture. "Chemical restraint" (sometimes, but improperly, dignified by the term "medical restraint") consists in the unwise use of temporarily paralyzing drugs, — hyoscine being the popular "dose." By the use of such drugs a troublesome patient may be rendered unconscious and kept so for hours at a time. Indeed, very troublesome patients (especially when attendants are scarce) are not infrequently kept in a stupefied condition for days, or even for weeks, — but only in institutions where the welfare of the patients is lightly regarded. Investigators should remember that the less conspicuous "chemical restraint" is oftentimes used as a substitute for the more spectacular and easily detected "mechanical restraint," — and, to the untrained observer, shows only on the drug bill. By its use any unprincipled management may fool the public. Therefore the mere absence of mechanical instruments of restraint cannot be taken as *proof* that an institution is conducted on Non-Restraint principles.

Knowing that I should soon be put in the uncomfortable, but not necessarily intolerable, embrace of a strait-jacket, my thought was that I might during the night, in some way or other, use this piece of glass to advantage — perhaps cut my way to a limited freedom. To make sure that I should retain possession of it, I placed it in my mouth and held it snugly against my cheek. Its presence there did not interfere with my speech; nor did it invite visual detection. But had I known as much about camisoles and their adjustment as I learned later, I should have resorted to no such futile expedient.

A camisole, or, as I prefer to stigmatize it, a strait-jacket, is really a tight-fitting coat of heavy canvas, reaching from neck to waist, constructed, however, on no ordinary pattern. There is not a button on it. The sleeves are closed at the ends, and the jacket, having no opening in front, is adjusted and tightly laced behind. To the end of each blind sleeve is attached a strong cord. The cord on the right sleeve is carried to the left of the body, and the cord on the left sleeve is carried to the right of the body. Both are then drawn tightly behind, thus bringing the arms of the victim into a folded position across his chest. These cords are then securely tied.

After many nights of torture, this jacket, at my urgent and repeated request, was finally adjusted in such manner that had it been so adjusted at first, I need not have suffered any *torture* at all. This I knew at the time, for I had not failed to discuss the matter with a patient who on several occasions had been restrained in this same jacket. It is the abuse rather than the use of such instruments of restraint against which I inveigh. Yet it is hardly worth while to distinguish between "use" and "abuse," for it is a fact that where the use of mechanical restraint is permitted, abuse is bound to

follow. The very fact that there are institutions — many of them at this time — where no such restraint is ever resorted to, leads me to dwell at length on the experiences of this night; for I would, if I could, strike the final blow which shall drive these instruments of torture from *all* hospitals for the insane.

Had not the element of personal spite entered into the assistant physician's treatment of me on this occasion, I should now be pleased to give him the benefit of every doubt. But there are no doubts; and for the enlightenment of all men of his type — and the public — I shall point out his errors. The man's personality was apparently dual. His "Jekyll" personality was the one most in evidence, but it was the "Hyde" personality that seemed to control his actions when a crisis arose. It was "Doctor Jekyll" who approached my room that night, accompanied by the attendants. The moment he entered my room he became "Mr. Hyde." He was, indeed, no longer a doctor, or the semblance of one. His first move was to take the strait-jacket in his own hands and order me to stand. Knowing that those in authority really believed that I had that day attempted to kill myself, I found no fault with their wish to put me in restraint; but I did object to having this done by Jekyll-Hyde. Though a strait-jacket should always be adjusted by the physician in charge, I knew that as a matter of fact the disagreeable duty was invariably delegated to the attendants. Consequently Jekyll-Hyde's eagerness to assume an obligation he usually shirked inspired me with the feeling that his motives were spiteful. For that reason I preferred to entrust myself to the uncertain mercies of a regular attendant; and I said so, but in vain. "If you will keep your mouth shut I'll be able to do this job quicker," said Jekyll-Hyde.

"I'll shut my mouth as soon as you get out of this room and not before," said I. Nor did I. My abusive language was, of course, interlarded with the inevitable epithets. Yet these should not have annoyed the doctor at all, and would not, had he judged them fairly. The more I talked the more vindictive he became. He said nothing, but, unhappily for me, he expressed his pent-up feelings in something more effectual than words. After he had laced the jacket, and drawn my arms across my chest so snugly that I could not move them a fraction of an inch, I asked him to loosen the strait-jacket enough to enable me at least to take a full breath. I also requested him to give me a chance to disentangle my fingers which had been caught in an unnatural and uncomfortable position.

"If you will keep still a minute, I will," said Jekyll-Hyde. I obeyed, and willingly too, for I did not care to suffer more than was necessary. Instead of loosening the strait-jacket as agreed, this doctor, now livid with rage, drew the cords in such a way that I found myself more securely and cruelly held than before. This breach of faith threw me into a frenzy. Though it was because his continued presence served to aggravate my condition that Jekyll-Hyde at last withdrew, it will be observed that he did not do so until he had satisfied an unmanly desire which an apparently lurking hatred had engendered. The attendants soon withdrew and locked me up for the night.

No one incident of my whole life has ever impressed itself more indelibly on my memory. Within one hour's time I was suffering pain as intense as any I ever endured, and before the night had passed that pain had become almost unbearable. My right hand was so held that the tip of one of my fingers was all but cut by the nail of another, and soon knife-like pains began to shoot through my right arm as far

as the shoulder. If there be any so curious as to wish to get a slight idea of my agony, let him bite a finger tip as hard as he can without drawing blood. Let him continue the operation for two or three minutes. Then let him multiply that effect, if he can, by two or three hundred. In my case, after four or five hours the excess of pain rendered me partially insensible to it. But for nine hundred minutes — fifteen consecutive hours — I remained in that strait-jacket; and not until the twelfth hour, about breakfast time the next morning, did an attendant so much as loosen a cord.

During the first seven or eight hours, excruciating pains racked not only my arms, but most of my body. For the first and only time in my life I had hysterics. And, though I cried and moaned, in fact, screamed so loudly that the attendants must have heard me, little attention was paid to me, — probably because of the strict orders from "Mr. Hyde," after he had again assumed the rôle of "Doctor Jekyll." I even begged the attendants to loosen the jacket enough to ease me a little. This they refused to do, and they seemed to enjoy being in a position to add their considerable mite to my torture.

Before midnight I really believed that I should be unable to endure the torture and retain my reason. A peculiar pricking sensation which I now felt in my brain, a sensation exactly like that of June, 1900, led me to believe that I might again be thrown out of touch with the world I had so lately regained. Realizing the awfulness of that fate I redoubled my efforts to effect my rescue. Shortly after midnight I did succeed in gaining the attention of the night-watch. Upon entering my room he found me flat on the floor. I had fallen from the bed and perforce remained absolutely helpless where I lay. I could not so much as lift my head.

This, however, was not the fault of the strait-jacket. It was because I could not control the muscles of my neck which that day had been so mauled. I could scarcely swallow the water the night-watch was good enough to give me. This night-watch was not a bad sort of fellow; yet even he refused to loosen the strait-jacket a fraction of an inch. As he seemed sympathetic, I can attribute his refusal to nothing but strict orders issued by the assistant physician.

It will be recalled that I placed a piece of glass in my mouth before the strait-jacket was adjusted. At midnight the glass was still there. After the refusal of the night-watch, I said to him: "Then I want you to go to Doctor Jekyll" (I, of course, called him by his right name; but to do so now would be to prove myself as brutal as Mr. Hyde himself). "Tell him to come here at once and loosen this jacket. I can't endure the torture much longer. After fighting two years to regain my reason, I believe I'll lose my mind again. You have always treated me kindly. For God's sake, get the doctor!"

"I can't leave the main building at this time," said the night-watch. (Jekyll-Hyde lived in a house about one-eighth of a mile distant, but within the hospital grounds.)

"Will you then take a message to the assistant physician who stays here?" (One of the two assistant physicians had apartments in the main building.)

"I'll do that," he replied.

"Tell him how I'm suffering. Ask him to please come here at once and ease this strait-jacket. If he doesn't I'll be as crazy by morning as I ever was. Also tell him I'll kill myself unless he comes, and I can do it, too. I have a piece of glass in this room and I know just what I'll do with it."

The night-watch was as good as his word. He after-

wards told me that he had delivered my message. The doctor ignored it. He did not come near me that night, nor the next day, nor did Jekyll-Hyde appear until his usual round of inspection about eleven o'clock the next morning.

"I understand that you have a piece of glass which you threatened to use for a suicidal purpose last night," said he, when he appeared.

"Yes I have, and it's not your fault or the other doctor's that I am not now dead. Had I gone mad, in my frenzy I might have swallowed that glass."

"Where is it?" asked the doctor, incredulously.

As my strait-jacket rendered me armless I presented the glass to Jekyll-Hyde on the tip of a tongue which he had often heard but never before seen.

XVI

Mine was no suicidal intent. Yet, in my hysterical condition it is wonderful that I did not swallow that glass even by accident; and had I happened to become irresponsibly insane — as well I might — it is more than probable that I should have done so by design. The assistant physician who ignored my midnight request may have been influenced by ethical reasons — perhaps by a wish not to interfere with Doctor Jekyll's case. If so, ethics of that sort — or the so-called etiquette of the profession — had best be done away with in asylums. And, though I am sure that this physician harbored no feeling of ill-will toward me, he is, nevertheless, deserving of censure because of his almost criminal neglect of a patient who, he well knew, had previously been possessed of suicidal impulses. Indeed, he did not surely know whether my apparent attempt at suicide that evening had been real or simply a ruse. But the general belief was that I had meant to kill myself. The least this doctor could have done was to take the trouble to investigate, judge my condition, and deprive me of the piece of glass I claimed to have — or convince himself that I did not have it.

Such errors of judgment are, I believe, common. They are due sometimes to sheer laziness, but probably more often to the fact that so many insane patients cry "Wolf!" But annoyance is no excuse for negligence. If doctors are not willing to do their whole duty and protect all patients at all hours they should either resign or be summarily discharged.

It is to be regretted that so many members of the medical profession seek and accept positions in hospitals for the insane, not because of any genuine interest in the work to be done, but simply as a sort of makeshift which will enable them to support themselves until they can engage in the general practice of medicine, or of a certain congenial branch of it. It is these veritable leeches who generally treat patients with the least consideration. They become medical policemen who make their rounds in a perfunctory way and resort to the club or its equivalent upon slight provocation. Though there are without doubt many competent physicians, fine men, who really have taken up their work among the insane without any intention of making it their life-work, these men have immediately appreciated the opportunity for the life of noble unselfishness which lies before them, and, grasping that opportunity, have wrought excellent results — considering the inadequate equipment with which, in most instances, they have been compelled to work. What surprises me is that so many thoroughly efficient physicians have been willing to work year in and year out for salaries which are not so large, by one half, as the income most of them could surely enjoy in general practice. No class of men in the world are more deserving of generous treatment than the competent and considerate men now working among the insane. As for the incompetent, may their incompetence be so conspicuous as to effect their prompt discharge!

After fifteen interminable hours the strait-jacket was removed. Whereas just prior to its putting on I had been in a vigorous enough condition to offer stout resistance when assaulted, now, on coming out of it, I was helpless. When my arms were released from their restricted position the pain

was intense. Each and every joint had been racked. I had no control over the fingers of either hand, and could not have dressed myself had I been promised my freedom for doing so. And this, bear in mind, was the effect of a camisole, which form of restraint hospital officials, when called upon to testify, so often describe as being harmless and not very uncomfortable.

For more than the following week I suffered as already described, though of course with gradually decreasing intensity as my racked body became accustomed to the unnatural positions it was forced to take. This first experience occurred on the night of October 18th, 1902. I was subjected to the like unfair and unnecessary ordeal each and every night on the following dates: October 19th, 20th, 21st, 22d, 23d, 24th, 25th, 26th, 27th, 28th, 29th, 30th, and 31st, as well as the nights of November 1st, 2d, 3d, 4th, 5th, 6th, and 7th, — twenty-one nights in all, and parts of each of the corresponding twenty-one days. On more than one occasion, indeed, the attendant placed me in the straitjacket during the day for refusing to obey some slight wish. This, too, without an explicit order from the doctor in charge, though perhaps he acted under a general order.[1]

During most of this restraint I was in the padded cell. A padded cell is a vile hole. The side walls are padded as high as a man can reach, as is also the inside of the door. The worst feature of such cells is the lack of ventilation, which deficiency of course aggravates the general unsanitary condition. The cell which I was compelled to occupy was practically without heat. As a result I suffered intensely from

[1] In some States the law requires that a record of the use of mechanical restraint and seclusion be kept by hospital officials, and that such record shall be open to public inspection. This law is a move in the right direction. Restraint hates Publicity.

the cold. Frequently it was so cold I could see my breath. And, though my canvas jacket served to protect part of that body which it was at the same time racking, I was seldom comfortably warm. For, once uncovered, my arms being pinioned, I had no way of re-arranging the tangled blankets. What little sleep I managed to get I took lying on a filthy and hard mattress placed on the bare floor.

Lack of ventilation means vitiated and foul air, and vitiated and foul air was the last thing one in my condition should have been permitted to breathe. I was entitled to an adequate supply of oxygen, for, being two or three times as active as any normal person, I was burning up a proportionately greater amount of tissue. Strangely enough I was able to hold my own while thus subjected to a process of slow poisoning; but I am confident that many a patient, possessed of less stamina, has been seriously affected, if not permanently injured, by confinement in such unsanitary dens. To describe the condition of a padded cell at its worst would violate good taste. As it is likely to be in an unmentionable condition for hours at a time the seriousness of the situation may be appreciated. The condition of my mattress was such that I objected to its use; and nothing so justifies my objection as the fact that it was actually and immediately heeded. It seems to be the prevailing opinion that "anything is good enough for a crazy man." In my opinion, if the sane suggestions and requests of insane patients were complied with, as my suggestion was on this occasion, hospitals for the insane would become model institutions sooner than they will if the needed changes continue to depend upon indifferent persons in authority.

It is to be regretted that many hospitals for the insane maintain such cells — either padded or unpadded. Like strait-jackets they can be used to advantage only on the

rarest occasions. Therefore they should be abolished. They have already been abolished by those doctors who are advocates of Non-Restraint — except in a few instances where the authorities have not yet given these intelligent superintendents money enough to provide the added attention and equipment necessary to care properly for a patient during a period of intense excitement.[1]

The man who was superintendent while I was undergoing treatment at this hospital had, during his early incumbency, gained considerable distinction by advocating Non-Restraint. But, during the latter years of his life, for some reason unknown to me, he permitted Restraint to be used — in moderation. Nevertheless, "moderation" means "abuse," as my account surely proves. I attribute this doctor's apparent change of attitude to his advanced age, which made it physically impossible for him to give that attention to the individual case which a proper enforcement of Non-Restraint requires. In saying this, however, I do not wish to seem ungrateful to a man, now dead, who did much for me and would have done more had he at the time known of the conduct of his assistant physician.

The present superintendent of this hospital, a man in the prime of life and a firm believer in Non-Restraint, is placing the institution on a Non-Restraint basis. The vile padded cell, already described, no longer exists, and only once or twice during the past year has a patient been placed in a strait-jacket, and then only by the direct order and in the presence of the superintendent himself. Why use a strait-jacket at all? Simply because methods of treatment in an

[1] In a hospital provided with modern bathing facilities mechanical restraint and "seclusion" need never be resorted to; for modern equipment includes the so-called "continuous bath," in which an excited patient may be placed and kept for hours, until his excitability gives way to a fairly normal calm. As a rule, patients enjoy the "continuous bath."

institution in which mechanical restraint has been used cannot immediately be changed. Not that the doctors advocating Non-Restraint need time to adjust themselves to the new conditions, but the attendants require both time and training; and changes also (though not great ones) in the equipment of the building are necessary. The principle of Non-Restraint is something which has to be absorbed. It is an atmosphere of kindliness. It is not unlike the *esprit de corps* of the army — a certain standard to be attained and maintained. When attendants once appreciate the significance and advantages of it they invariably take great pride in proving that they have the faculty for controlling patients without resorting to any other force than that of kindliness — one of the greatest and least used of all forces.

For this period of three weeks — from October 18th until November 8th, 1902, when I left this institution and was transferred to a state hospital for the insane — I was continuously either under lock and key (in the padded cell or some other room) or under the eye of an attendant. Over half the time I was in the snug but cruel embrace of a strait-jacket — about three hundred hours in all. While being subjected to this terrific abuse I was held in an exile as complete as that of a Siberian convict. I was cut off from all direct and all *honest* indirect communication with my legally appointed conservator, and also with all relatives and friends. I was even cut off from satisfactory communication with the superintendent, who was a real friend and one who would not have permitted me to suffer so had he known the truth. To be sure, he knew that I was being subjected to restraint, but he supposed it was such as he himself would have administered under like circum-

stances, restraint which, though unpleasant, need not have amounted to torture. Being in exile and deprived more completely of my rights than a justly condemned murderer who had all but forfeited his life, I saw the superintendent but twice, and then for so short a time that I was unable to give him any convincing idea of my plight. These interviews occurred on two Sundays that fell within my period of exile, for it was on Sunday that the superintendent usually made his weekly round of inspection. What chance had I of successfully advocating my cause while my pulpit was a padded cell, and the congregation — with the exception of the superintendent — the very attachés who had been abusing me? At such times my pent-up indignation poured itself forth in such a disconnected way that my protests were robbed of their right ring of truth. For all that, I was not then, or at any time, incoherent in speech. I was simply voluble and digressive — a natural incident of elation. Such notes as I managed to write on scraps of paper were invariably confiscated by the assistant physician. At all events, it was not until some months later that the superintendent was informed of my treatment, when, at my request, no less a person than the Governor of the State discussed the subject with him. How I brought about that discussion while still virtually a prisoner will be narrated in due time. And not until several days after I had left this institution and had been placed in another, when for the first time in six weeks I saw my conservator, did *he* learn of the treatment to which I had been subjected. From his office in New Haven he had on several occasions called up the assistant physician and inquired about my condition. Though the doctor did tell him that I was highly excited and difficult to control he did not even hint that I was being subjected to any unusual restraint. Dr. Jekyll deceived every one, and — as things

have turned out — deceived himself; for, had he realized then that I should one day be able to do what I am now doing, his brutal instincts would surely have been checked by his cowardly ones.

How helpless, how at the mercy of his keepers, a man who enters an asylum may be, is further illustrated by the conduct of this same doctor. Once, during the third week of my experience in a strait-jacket, I refused to take certain medicine which the attendant offered me. For some time I had been regularly taking this innocuous concoction without protest; but I now decided that as the attendant refused most of my requests I should no longer comply with all of his. He did not argue the point with me. He simply reported my refusal to Doctor Jekyll. A few minutes later Doctor Jekyll — or rather Mr. Hyde — accompanied by three attendants, entered the padded cell. I was robed for the night — in a strait-jacket. Mr. Hyde held in his hand a rubber tube. An attendant stood near with the medicine. For over two years, threats had been made that the "tube" would be resorted to if I refused medicine or food. I had begun to look upon it as a myth; but its presence in the hands of an oppressor now convinced me of its reality. I saw that the doctor and his bravos meant business; and, as I had already endured torture enough, I determined to make every concession this time and escape what seemed to be in store for me.

"What are you going to do with that?" I asked, fixing my eye on the tube.

"The attendant says you refuse to take your medicine. We are going to make you take it."

"I'll take your old medicine," was my reply.

"You have had your chance," said Mr. Hyde.

"All right," I said. "Put that medicine into me any way you think best. But the time will come when you'll wish

you hadn't. When that time does come it won't be easy to prove that you had the right to force a patient to take medicine he had offered to take. I know something about the ethics of your profession. You have no right to do anything to a patient except what's good for him. You know that. All you are trying to do is to punish me, and I give you fair warning I'm going to camp on your trail till you are not only discharged from this institution, but expelled from the State Medical Society as well. You are a disgrace to your profession, and that society will attend to your case fast enough when certain members of it, who are friends of mine, hear about this. Furthermore, I shall report your conduct to the Governor of the State. He can take some action even if this is *not* a state institution. Now, damn you, do your worst!"

Coming from an insane man this was rather straight talk. The doctor was noticeably disconcerted. Had he not feared to lose caste with the attendants who stood by I think he would have given me another chance. But he had too much pride and too little manhood to recede from a false position once taken. I no longer resisted, even verbally, for I no longer wanted the doctor to desist. Though I did not anticipate the operation with pleasure, I was eager to take the man's measure. He and the attendants knew that I usually kept a trick or two even up the sleeve of a straitjacket, so they took added precautions. I was flat on my back, with simply a mattress between me and the floor. One attendant held me. Another stood by with the medicine and with a funnel through which, as soon as Mr. Hyde should insert the tube, the dose was to be poured. The third attendant stood near as a reserve force. Though the insertion of the tube, when skilfully done, need not cause suffering, the operation as conducted by Mr. Hyde was painful.

Try as he would he was unable to insert the tube properly, though in no way did I attempt to balk him. His embarrassment seemed to rob his hand of whatever cunning it may have possessed. After what seemed ten minutes of bungling, though it was probably not quite five, he gave up the attempt, but not until my nose had begun to bleed. He was plainly chagrined when he and his bravos retired. Intuitively I felt that they would soon return. That they did, armed with a new implement of war. This time the doctor inserted between my teeth a large wooden peg — to keep open a mouth which he usually wished closed. He then forced down my throat a rubber tube. Then the attendant adjusted the funnel, and the medicine, or rather liquid — for its medicinal properties were without effect upon me — was poured in.

This medicine was supposed to be soporific in effect. If I was so greatly in need of sleep, was an hour of intense mental excitement and physical torture likely to induce it? The spite of this man who thus tried to discipline me was evident. Though I am confident that few doctors in charge of the insane act as unprofessionally and unfairly as he did, there are, I believe, men of his type to be found in every State in the Union. And they will continue to prey upon the insane until Non-Restraint becomes the watchword of all.

XVII

As the scant reports sent to my conservator during these three weeks indicated that I was not improving as he had hoped, he made a special trip to the institution to investigate in person. On his arrival he was met by none other than Doctor Jekyll, who told him that I was in a highly excited condition, which, he intimated, would be aggravated by a personal interview. Now for a man to see his brother in my plight would be a distressing ordeal, and, though my conservator came within two hundred feet of my prison cell, it naturally took but a suggestion to dissuade him from coming nearer. Doctor Jekyll did tell him that it had been found necessary to place me in "restraint" and "seclusion" (the professional euphemisms for "strait-jacket," "padded cell," etc.), but no hint was given that I had been roughly handled. Doctor Jekyll's politic dissuasion was no doubt inspired by the knowledge that if ever I got within speaking distance of my conservator nothing could prevent my giving him a circumstantial account of my sufferings — which account would have been corroborated by the blackened eye I happened to have at the time. Indeed, in dealing with my conservator, the assistant physician showed a degree of tact which, had it been directed toward myself, would have sufficed to keep me tolerably comfortable.

My conservator, though temporarily stayed, was not convinced. He felt that I was not improving where I was, and he wisely decided that the best course would be to have me transferred to a public institution — the State Hospital. A

few days later the judge who had originally committed me ordered my transfer. Nothing was said to me about the proposed change until the moment of departure, and then I could scarcely believe my ears. In fact I did not believe my informers; for three weeks of abuse, together with my continued inability to get in touch with my conservator, had so shaken my reason that there was a partial recurrence of old delusions. I imagined myself on the way to the State Prison, a few miles distant; and not until the train had passed the prison station did I believe that I was really on my way to the State Hospital for the Insane.[1]

[1] The managements of institutions where the insane are received and treated should, without further delay, adopt the sensible system of nomenclature now in use in several States in the Union. For instance, in New York, the "State Hospitals for the Insane" are designated as follows: Hudson River State Hospital, Willard State Hospital, Manhattan State Hospital, etc. The word "insane" does not appear in the name or on the stationery of an institution, where it is so likely to offend sensitive inmates and their relatives. The phrase "State Hospital," with appropriate words preceding, — preferably a word or words suggesting its location, — is all the designation needed. A general adoption of this suggestion will render obsolete the already archaic but still used names: "Lunatic Asylum," " Insane Asylum," "Insane Hospital" and "Hospital for the Insane." In this book the latter name is repeatedly used, — not from choice, however, but because it is the one in general use at present. The main point is that people should learn to avoid the unnecessary use of words weighted with misconceptions of the past.

XVIII

The State Hospital for the Insane in which I now found myself, though in many respects above the average of such institutions, is typical. It commands a wide view of a beautiful river and valley. This view I was permitted to enjoy — at first. Those in charge of the institution which I had just left did not give my new custodians any detailed account of my case. Their reticence was, I believe, occasioned by chagrin rather than charity. Tamers of wild men have as much pride as tamers of wild animals (but unfortunately less skill) and to admit defeat is a thing not to be thought of. Though private institutions are prone to shift their troublesome cases to state institutions, there is a deplorable lack of sympathy and co-operation between them, which in this instance, however, proved fortunate for me.

From October 18th until the early afternoon of November 8th, at the private institution, I had been classed as a raving maniac. The *name* I had brought upon myself by experimental conduct; the *condition* had been aggravated and perpetuated by the stupidity of those in authority over me. And it was the same experimental conduct on my part, and stupidity on the part of my new custodians, which gave rise, two weeks later, to a similar situation. On Friday, November 7th, I was in a strait-jacket. On November 9th and 10th I was apparently as tractable as any of the twenty-three hundred patients in the State Hospital — conventionally clothed, mild mannered, and, seemingly, right minded. On the 9th, the day after my arrival, I attended a church

service held at the hospital. My behavior was not other than that of the most pious worshiper in the land. The next evening, with most exemplary deportment, I attended one of the dances which are held every fortnight during the winter. Had I been a raving maniac such activities would have led to a disturbance; for maniacs, of necessity, disregard the conventions of both pious and polite society. Yet, on either of these days, had I been in the private institution, I should have occupied a cell and worn a strait-jacket.

The assistant superintendent, who received me upon my arrival, judged me by my behavior. He assigned me to one of two connecting wards — the best in the hospital — where about seventy patients led a fairly agreeable life. Though no official account of my case had accompanied my transfer, the attendant who had acted as escort and guard had already given an attendant at the State Hospital a brief account of my recent experiences. Yet when this report finally reached the ears of those in authority they wisely decided not to transfer me to another ward so long as I caused no trouble where I was. Finding myself at last among friends I lost no time in asking for writing and drawing materials, which had so rudely been taken from me three weeks earlier. My request was promptly granted. The doctors and attendants treated me kindly and I again began to enjoy life. My desire to write and draw had not abated. However, I did not devote my entire time to those pursuits, for there were plenty of congenial companions about. I found pleasure in talking — more pleasure by far than others did in listening. In fact I talked incessantly, and soon made known, in a general way, my scheme for reforming asylums, not only in the State, but, of course, throughout the world, for my delusional perspective made the earth look small. The attendants had to bear the brunt of my loquacity, and they soon

grew weary. One of them, wishing to induce silence, ventured to remark that I was so crazy I could not possibly keep my mouth shut for even one minute. His challenge aroused my fighting spirit.

"I'll show you that I can stop talking for a whole day," said I. He laughed, knowing that of all difficult tasks this which I had imposed upon myself was, for one in my condition, least likely of accomplishment. But I was as good as my boast. Until the same hour the next day I refused to speak to any one. I did not even reply to civil questions; and, though my silence was deliberate and good-natured, the assistant physician seemed to consider it of a contumacious variety, for he threatened to transfer me to a less desirable ward unless I should again begin to talk.

That day of self-imposed silence was just about the longest I have ever lived, for I was under a word-pressure sufficient to have filled a book. Any alienist will admit that my performance was remarkable, and he will further agree that it was, at least, an indication of a high degree of self-control. Though I have no desire to prove that at this period I was not in an abnormal condition, I do wish to show that I had a degree of self-control that probably would have enabled me to remain in the best ward at this institution had I not been intent — insanely intent, of course, and yet with a high degree of deliberation — upon a reformatory investigation. The crest of my wave of elation had been reached early in October. It was now (November) that the curve representing my return to normality should have been continuous and diminishing. Instead, it was kept violently fluctuating — or at least its fluctuations were aggravated — by the impositions of those in charge of me, induced sometimes, I freely admit, by deliberate and purposeful transgressions of my own. My condition during my first three weeks of exile

had been, if anything, one of milder excitement than that which had previously obtained during the first seven weeks of my period of elation. And my condition during the two weeks I now remained in the best ward in the State Hospital was not different from my condition during the preceding three weeks of torture, or the succeeding three weeks of abuse and privation — except in so far as a difference was occasioned by the torture and privation itself.

Though I had all along intended to effect reforms in existing methods of treatment, my intense and reckless desire to investigate "violent wards" did not possess me until I myself had experienced the torture of continued confinement in such a ward. It was simple to deduce that if one could suffer as I had while a patient in a private institution, brutality must exist in a state hospital. So it was that I entered the State Hospital with a firm resolve to inspect personally every type of ward, good and bad. But I was in no hurry to begin. My recent experience had exhausted me, and I wished to regain strength before subjecting myself to another such ordeal. This desire to recuperate controlled my conduct for a while, but its influence gradually diminished as life became more and more monotonous. I soon found the good ward entirely too polite. I craved excitement — action. And I determined to get it regardless of consequences; though I am free to confess I should not have had the courage to execute my plan had I known what was in store for me.

About this time my conservator called to see me. Of course I told him all about my cruel experiences at the private institution. My account surprised and distressed him. I also told him that I knew for a fact that similar conditions existed at the State Hospital, as I had heard convincing rumors to that effect. He urged me to behave myself and remain in the ward where I was, which ward, as I

admitted, was all that one could desire — provided one had schooled himself to desire that sort of thing. During our talk I told my conservator that I wished to spend Thanksgiving Day at home. He said that that was out of the question, as I was in too excited a condition. His objection was absolutely fair, but I could not at that time see the justice of it. With intense feeling and the forcefulness of right words I informed him that nothing should prevent my going to New Haven the following week.

The fact that I was under lock and key and behind what were virtually prison bars in no way gave me a sense of helplessness. I firmly believed that I should find it easy to effect my escape and reach home for the Thanksgiving Day celebration. And, furthermore, I knew that, should I reach home, I should not be denied my portion of the good things to eat before being returned to the hospital. (After a famine, love of food is likely to be as strong as love of home.) Being under the spell of an intense desire to investigate the "violent ward," I concluded that the time for action had come. I reasoned, too, that it would be easier and safer to escape from that ward — which was on a level with the ground — than from a ward three stories above it. The next thing I did was to inform the attendants and several of the patients that within a day or two I should do something to cause my removal thither. They of course did not believe that I had any idea of deliberately inviting such a transfer, for the violent ward to an inmate of a hospital for the insane is what a prison is to a sane and free man. My very frankness disarmed the attendants.

On the evening of November 21st I went from room to room collecting all sorts of odds and ends belonging to other patients. These I secreted in my room. I also collected a small library of books, magazines, and newspapers. After

securing all the booty I dared, I mingled with the other patients until the time came for going to bed. The attendants soon locked me in my junk shop and I spent the rest of the night setting it in disorder. My original plan had been to barricade the door during the night, and thus hold the doctors and attendants at bay until those in authority had accepted my ultimatum, which was to include a Thanksgiving visit at home. But before morning I had slightly altered my plan. My sleepless night of activity had made me ravenously hungry, and I decided that it would be wiser not only to fill my stomach but to lay by other supplies of food before submitting to a siege. Accordingly I set things to rights and went about my business the next morning as usual. At breakfast I ate enough for two men, and put in my pockets bread enough to last for twenty-four hours at least. Then I returned to my room and at once barricaded the door. My barricade consisted of a wardrobe, several drawers which I had removed from the bureau, and a number of books, — among them "Paradise Lost" and the Bible, which books I placed in position, with conscious satisfaction, as a key-stone. Thus the space between the door and the opposite wall of the room was completely filled. My room-mate, a young fellow in the speechless condition in which I had been during my period of depression, was in the room with me. This was accidental. It was no part of my plan to hold him as a hostage, though I might finally have used him as a pawn in the negotiations had my barricade resisted the impending attack longer than it did. It is a common trick for insane patients to barricade their doors, and such situations when they arise are rightly regarded as serious. The conduct of the patient who has thus isolated himself is, to those in authority, entirely a matter of conjecture. Though certain types of patients may safely be left

in their elected seclusion, one as excited as I was on this occasion, of course, had to be brought to bay. It was not long before the attendants realized that something was wrong. They came to my door and asked me to open it. I refused, and told them that to argue the point would be a waste of time. They tried to force an entrance. Failing in that, they reported to the assistant physician. At first he parleyed with me. I good-naturedly, but emphatically, told him that I could not be talked out of the position I had taken; nor could I be taken out of it until I was ready to surrender, for my barricade was one that would surely hold. I also announced that I had carefully planned my line of action and knew what I was about. I complimented him on his hitherto tactful treatment of me, and grandiloquently — yet sincerely — I thanked him for his many courtesies. I also expressed entire satisfaction with the past conduct of the attendants. In fact, on that part of the institution in which I was then confined I put the stamp of my capricious approval. "But," said I, "I know that there are wards in this hospital where helpless patients are brutally treated; and I intend to put a stop to these abuses at once. Not until the Governor of the State, the judge who committed me, and my conservator come to this door will I open it. When they arrive we'll see whether or not patients are to be robbed of their rights and abused."

My speech was made through a screen transom over the door. In print it has a highly sane and connected appearance; but my course of action was rightly construed as symptomatic of elation; and the doctor acted wisely in refusing to be reassured. For a few minutes he continued his persuasive methods. That he should even imagine that I would basely recede from my high and mighty position, only irritated me the more.

"You can stand outside that door all day if you choose," I said. "I won't open it until the three men I have named appear. I have prepared for a siege; and I have enough food in this room to keep me going for a day anyway."

My ultimatum was in fact couched in more vituperative terms and naturally nettled the doctor. Besides, he was, no doubt, apprehensive for my room-mate, fearing perhaps that I might make his life the price of a refusal to summon the State authorities at my bidding. Realizing at last that no argument would move me, he set about forcing an entrance. First he tried to remove the transom by striking it with a stout stick. I gave blow for blow and the transom remained in place. To this day it shows the marks of the conflict. A carpenter was then sent for, but before he could go about his work one of the attendants managed to open the door enough to thrust in his arm and shove aside my barricade. I did not realize what was being done until it was too late to interfere. The door once open, in rushed the doctor and four attendants. Without ceremony I was thrown upon the bed, with two or three of the attacking force on top of me. Again I was choked, this time by the assistant physician. Though I am of the opinion that such action on his part was totally uncalled for, especially so because of its demoralizing effect upon the attendants present, I wish to credit him with a degree of skill which enabled him to accomplish his purpose without any serious bruising of my throat. The operation was a matter of only a moment. But before it was over I had the good fortune to deal the doctor a stinging blow on the jaw, for which (as he was about my own age and the odds were five to one) I have never felt called upon to apologize.

Once I was subdued each of the four attendants attached himself to a leg or an arm and, under the direction of the doc-

tor, I was carried bodily through two corridors, down two flights of stairs, and to the "violent ward." My dramatic exit startled my fellow patients, for so much action in so short a time is seldom seen in a quiet ward. And few patients placed in the "violent ward" are introduced with so impressive an array of camp-followers as I had that day.

All this to me was a huge joke, with a good purpose behind it. Though excited I was good-natured and, *en route* to my new quarters, I said to the doctor: "Whether you believe it or not, it's a fact that I'm going to reform these institutions before I'm done. I raised this rumpus to make you transfer me to the violent ward. What I want you to do now is to show me the worst you've got."

"You needn't worry," said the doctor. "You'll get it."

He spoke the truth. I did "get it."

XIX

In this country on December 31st, 1903, there were two hundred and twenty-six public and one hundred and two private hospitals for the insane. The majority of these, except the smallest of the private institutions, must have at least two "violent wards" — one for the men, one for the women. Some of the larger hospitals have several such wards. Therefore, it may safely be assumed that there are, all told, about seven hundred wards of this character in which not fewer than fifteen thousand patients are confined. Of these thousands, many live, as it were, near the very crater of a volcano of trouble; and many of the other patients live on the uncertain slopes of this same volcano — within a zone of constant menace.

Throughout the country, so-called "violent wards" differ considerably. Of the worst of them, I say "so-called" out of deference to the doctors who work among the insane. For you will never hear one of them say "violent ward." That term offends their sensibilities. They refer to such wards as "excited wards," "strong wards," "back wards," or "disturbed wards." I wish that I might honestly adopt their "perfumed phrases," but I cannot. A "violent ward" is not a place where insane patients violently attack their keepers or fellow-patients, except in the rarest of instances, and then, as a rule, only after they have been goaded into a revengeful madness by unremitting cruelty. In a word, a "violent ward" is too often a ward wherein violence is done to helpless patients by ignorant, untrained, and un-

sympathetic attendants. However, in justice to a considerable and increasing number of institutions where patients are uniformly treated with consideration, I wish to state that in these well managed hospitals no ward is deserving of the name "violent ward." But this admission only strengthens my contention that it is the character of the attendants in charge of the troublesome cases, and not the disposition of the patients themselves, which makes a ward a "violent ward."

Even for a "violent ward" my entrance was spectacular — if not dramatic. The three attendants regularly in charge naturally jumped at the conclusion that, in me, a troublesome patient had been foisted upon them. They noted my arrival with an unpleasant curiosity, which in turn aroused my curiosity, for it took but a glance to convince me that my burly keepers were typical attendants of the brute-force type. Acting on the order of the doctor in charge, one of these attendants stripped me of my outer garments, and, clad in nothing but underclothes, I was thrust into a cell. Few, if any, state prisons in this country contain worse holes than this cell proved to be. It was one of five, situated in a short corridor adjoining the main ward. It was about six feet wide by ten feet long and of a good height. A heavily screened and barred window admitted light and a negligible quantity of air — for the ventilation scarcely deserved the name. The walls and floor were bare, and there was no furniture. A patient confined here must lie on the floor with no substitute for a bed but one or two felt druggets. Sleeping under such conditions becomes tolerable after a time, but not until one has become accustomed to lying on a surface nearly as hard as stone. Here (as well, indeed, as in other parts of the ward)

for a period of three weeks I was permitted, yes, forced — to breathe and re-breathe air so vitiated that even when I occupied a larger room, doctors and attendants seldom entered without remarking its quality; — this, too, at a time when the restoration of my physical and mental health especially demanded pure air and plenty of it. My first meal increased my distaste for my semi-sociological experiment. For over a month I was kept in a half-starved condition. At each meal, to be sure, I was given the usual portion of food served to the other patients, but an average portion of such food is not sufficient to repair the prodigal waste of brain and bodily tissue which is symptomatic of elation.

Worst of all, it was winter, and these, my first quarters, were without heat. As one's olfactory nerves soon become uncommunicative, the breathing of foul air is not a conscious hardship. To be famished the greater part of the time, on the other hand, is a very conscious hardship. But to be half-frozen, day in and day out for a long period, is exquisite torture. Of all the suffering I endured, that occasioned by confinement in cold cells seems to have made the most lasting impression. Hunger is a local disturbance, but when one is cold every nerve in the body registers its call for help. Long before reading a certain passage of De Quincey's I had decided that cold could cause greater suffering than hunger; consequently, it was with great satisfaction that I read the following sentences from his "Confessions": "O ancient women, daughters of toil and suffering, among all the hardships and bitter inheritances of flesh that ye are called upon to face, not one — not even hunger — seems in my eyes comparable to that of nightly cold. . . . A more killing curse there does not exist for man or woman than the bitter combat between the weariness that prompts sleep and the keen, searching cold that forces you from that first access of sleep to start

up horror-stricken, and to seek warmth vainly in renewed exercise, though long since fainting under fatigue."

The hardness of the bed and the coldness of the room were not all that interfered with sleep. The short corridor in which I was placed was known as the "Bull Pen" — a phrase eschewed by the doctors.[1] It is so called, I suppose, because it is usually in an uproar — especially during the dark hours of the early morning. Patients in a state of excitement may sleep during the first hours of the night, but seldom all night, and even should one have the capacity to do so, his companions in durance would wake him up with a shout, or a song, or a curse, or the kicking of a door. A noisy and chaotic medley frequently continues without interruption for hours at a time. Noise, unearthly noise, is the poetic license allowed the occupants of these cells. I spent several days and nights in one or another of the cells of the "Bull Pen" and I question whether I averaged more than two or three hours' sleep a night during that time. Seldom do the regular attendants pay any attention to the noise, though even they must at times be disturbed by it. In fact the only person likely to attempt to stop it is the night-watch, who, when he does enter a cell for that purpose, invariably kicks or chokes the noisy patient into a state of temporary quiet. I noted this and scented trouble.

Drawing and writing materials having been again taken from me, I cast about for some new occupation. As soon

[1] The term "Bull Pen" has many meanings. It is perhaps, more commonly applied to walled-in or fenced-in enclosures where insane patients may be herded together, and, at a minimum of effort on the part of those in authority, be given deceptive and anything but beneficial tastes of such restricted liberty as must, of necessity, fall to the lot of the insane. The more efficient superintendents of our hospitals for the insane condemn the use of "Bull Pens," and are able to do without them simply by turning the patients loose within a given and generous area and placing attendants on guard to preserve order and prevent escapes.

as I was transferred to a room with a bed, I found an occupation in the problem of warmth. Though I gave repeated expression to the benumbed messages of my tortured nerves, the doctor refused to return my clothes. For a semblance of warmth I was forced to depend upon ordinary undergarments and an extraordinary imagination. The heavy felt druggets were about as plastic as blotting paper and I derived little comfort from them until I hit upon the idea of rending them into strips. These strips I would weave into a crude Rip Van Winkle sort of suit; and so intricate was the warp and woof thereof that the attendant had to cut me out of it each morning. At first, until I acquired the destructive knack, the tearing of one drugget into strips was a task of four or five hours. But in time I became so proficient that I could completely destroy two, sometimes three, of these six-by-eight druggets in a single night. During the following weeks of my close confinement I destroyed more than twenty of these druggets, each worth about four dollars; — and I confess, I found a peculiar satisfaction in the destruction of property belonging to a State which had deprived me of all my effects — except underclothes. But my destructiveness was due to a variety of causes. It was occasioned primarily by a "pressure of activity," for which the tearing of druggets served as a vent. A phrase used by me in a letter written during my first month of elation aptly describes my condition at this time. Said I, in that letter, "I'm as busy as a nest of ants." That my energy should direct itself toward the only destructible objects at hand — the druggets — was not surprising; nor was it surprising that I found a use for the strips, for, as I have already proved, an insane person's acts are often purposeful. Though the habit of tearing druggets was the outgrowth of an abnormal impulse, the habit itself lasted longer than

it could have done had I not, for so long a time, been deprived of suitable clothes and been held a prisoner in cold cells. But another motive soon asserted itself. Being deprived of all the luxuries of life and most of the necessities, my mother-wit, always conspiring with a wild imagination for something to occupy my time, led me at last to invade the field of invention. With appropriate contrariety an unfamiliar and, by me, hitherto almost detested line of investigation now attracted me. Abstruse mathematical problems which had defied solution for centuries began to appear easy. To defy the State and its puny representatives had become mere child's play, so I forthwith decided to overcome no less a force than gravity itself.

My conquering imagination soon tricked me into believing that I could lift myself by my boot-straps — or rather that I should do so when my laboratory should contain footgear that lent itself to the experiment. But what of the strips of felt torn from the druggets? Why, these I used as the straps of my missing boots; and having no boots to stand in I used my bed as boots. I reasoned that for my scientific purpose a man in bed was as favorably situated as a man in boots. Therefore, attaching a sufficient number of my felt strips to the head and foot of the bed, and, in turn, attaching the free ends to the transom and the window-guard, I found the rest very simple. For, next, I joined these cloth cables in such manner that by pulling downward I effected a re-adjustment of stress and strain, and my bed, *with me in it*, was soon dangling in space. My sensations at this momentous instant must have been much like those which thrilled Newton when he solved one of the riddles of the universe. Indeed, they must have been more intense, for Newton, knowing, had his doubts; I, not knowing, had no doubts at all. So epoch-making did this

discovery appear to me that I noted the exact position of the bed so that a wondering posterity might ever afterward view and reverence the exact spot on the earth's surface whence one of man's greatest thoughts had winged its way to immortality.

For weeks I believed I had uncovered a mechanical principle which would enable man to defy gravity. And I talked freely and confidently about it. That is, I proclaimed the impending results. The intermediate steps in the solution of my problem I ignored — for good reasons. A blind man may harness a horse. So long as the horse is harnessed one need not know the office of each strap and buckle. Gravity was harnessed — that was all. At the proper time I should reveal my secret in detail. Meanwhile I felt sure that another sublime moment of inspiration would intervene and clear the atmosphere, thus rendering flight of the body as easy as a flight of imagination.

XX

While my inventive operations were in progress I was chafing under a sense of the injustice of the unsanitary and certainly unscientific treatment to which I was being subjected. In spite of my close confinement in vile cells, for a period of over three weeks I was denied a bath. I do not regret this deprivation, for the attendants, who at the beginning were unfriendly, might have forced me to bathe in water which had first served for several other patients. Though such an unsanitary and disgusting practice was contrary to rules, it was often indulged in by the lazy brutes who controlled the ward. Investigation has convinced me that this evil is widespread.

I continued to object to the unsatisfactory portions of food served me, and perhaps my objections were intensified by an approaching Thanksgiving. My projected Thanksgiving trip to New Haven had vanished from my mind, and my actual experience on that day was in dismal contrast to what I had originally planned for myself. My attendant, in the unaccustomed guise of a ministering angel, brought me the usual turkey and cranberry dinner which, on two of the three hundred and sixty-five days of each year, is provided by an intermittently generous State. Turkey being the *rara avis* of the imprisoned, it was but natural that I should desire to gratify a palate long insulted. I wished not only to satisfy my appetite but to impress indelibly a memory which for months had not responded to so agreeable a stimulus. While lingering over the delights of this experi-

ence I forgot all about the ministering angel. But not for long. He soon returned. Observing that I had scarcely touched my feast he said, "If you don't eat that dinner in a hurry I'll take it from you."

"I don't see what difference it makes to you whether I eat it in a hurry or take my time about it," said I. "It's the best I've had in many a day, and I have a right to get as much pleasure out of it as I can."

"We'll see about that," said he, and, snatching it away, he stalked out of the room, leaving me to satisfy my hunger on the memory of vanished luxuries. Thus did a feast become a fast.

Under this treatment I soon learned to be more noisy than my neighbors. I was never without a certain humor in contemplating not only my surroundings, but myself; and the demonstrations in which I began to indulge were partly in fun and partly by way of protest. In these I was assisted, and, at times inspired, by a young man in the room next mine. He was about my own age and was enjoying the same phase of exuberance as myself. Not realizing that most of our ward-mates were less mad than we — or than we were supposed to be — we talked and sang at all hours of the night. At the time we believed that the other patients enjoyed the spice which we added to the restricted variety of their lives, but later I learned that a majority of them looked upon us as mere nuisances.

We gave the doctors and attendants no rest — at least not intentionally. Whenever the assistant physician appeared we upbraided him for the neglect which was then our portion. At one time or another we got ourselves banished to the "Bull Pen" for these indiscretions. Had there been a viler place of confinement still, our performances in the "Bull Pen" undoubtedly would have brought us to it. But there was neither justice nor remedial effect

in such procedure. At last the doctor hit upon the expedient of transferring me to a room more remote from my inspiring, and, I may say, conspiring companion. Talking to each other ceased to be the easy pastime it had been; so we gradually lapsed into a comparative silence which must have proved a boon to our ward-mates. The only annoyances to which a number of the patients were now subjected during the night were the disturbing noises which issued with irregularity, but unfortunate certainty, from the "Bull Pen."

On several occasions I perfected plans to escape,—and not only that but also to liberate others. That I did not make the attempt was the fault — or merit, perhaps — of a certain night-watch, whose timidity, rather than sagacity, impelled him to refuse to unlock my door early one morning, although I gave him a plausible reason for the request. This night-watch, I learned later, admitted that he feared to encounter me single-handed. And on this particular occasion well might he, for, during the night, I had woven a spider-web net, in which I intended to enmesh him. Had I succeeded there would have been a lively hour for him in the violent ward — had I failed there would have been a lively hour for me. There were several comparatively sane patients (especially my elated neighbor) whose willing assistance I could have secured. Then the regular attendants could have been held prisoners in their own room, if, indeed, we had not in turn overpowered them and transferred them to the "Bull Pen" where the several victims of their abuse might have given them a deserved dose of their own medicine. This scheme of mine was a prank rather than a plot. I had an inordinate desire to prove that one *could* escape if he had a mind to do so. Later I boasted to the assistant physician of my unsuccessful attempt to escape.

My punishment for harmless antics of this sort was prompt in coming. The attendants seemed to think their whole duty to their closely confined charges consisted in delivering three meals a day. Between meals he was a rash patient who interfered with their leisure. Now one of my greatest crosses was the attendants' continued refusal to give me a drink when I asked for it. Except at meals, or on those rare occasions when I was permitted to go to the wash-room, I had to get along as best I might with no water, and that too at a time when I was in a fever of excitement. My polite requests were ignored; impolite demands were answered with threats and curses. And this war of requests, demands, threats, and curses continued until the night of the fourth day of my banishment. Then the attendants made good their threats of assault. That they had been trying to goad me into a fighting mood I well knew, and often accused them of their mean purpose. They brazenly admitted that they were simply waiting for a chance to "slug" me, and promised to punish me well as soon as I should give them a slight excuse for doing so.

On the night of November 25th, 1902, the head attendant and one of his assistants passed my door. They were returning from one of the dances which, at intervals during the winter, the management provides for the attachés. While they were within hearing I asked for a drink of water. It was a carefully worded request. But they were in a hurry to get to bed, and refused me with curses. Then I replied in kind.

"If I come there I'll kill you," said one of the attendants.

"Well, you won't get in if I can help it," said I, as I braced my iron bedstead against the door.

My defiance and defences gave the attendants the pretext for which they had been waiting; and my success in

keeping them out for two or three minutes only served to enrage them. By the time they had gained entrance they had become furies. One of the attendants was a young man of twenty-seven. Physically he was a perfect specimen of manhood; morally he was deficient, — thanks to the dehumanizing effect of several years in the employ of different States of the Union which countenance improper methods in the care of their insane wards. It was he who attacked me in the dark of my prison room. The head attendant stood by, holding a lantern which shed a dim light.

The door once open, I offered no further resistance. First I was knocked down. Then for several minutes I was kicked around the room — struck, kneed and choked. My assailant even attempted to grind his heel into my cheek. In this he failed, for I was there protected by a heavy beard. But my shins, elbows, and back were cut by his heavy shoes; and had I not instinctively drawn up my knees to my elbows for the protection of my body I should have been seriously, perhaps fatally, injured. As it was, I was severely cut and bruised. When my strength was nearly gone I feigned unconsciousness. This ruse alone saved me from further punishment, for no premeditated assault is ever ended until the patient is mute and helpless. When they had accomplished their purpose, they left me huddled in a corner to wear out the night as best I might — to live or die for all they cared.

Strange as it may seem I slept well. But not at once. Within five minutes I was busily engaged writing an account of the assault. A trained war-correspondent could not have pulled himself together in less time. As usual I had recourse to my bit of contraband lead pencil — this time a pencil which had been smuggled to me the very first day of my confinement in the Bull Pen by a sympathetic fellow-

patient. When he had pushed under my cell door that little implement of war it had loomed as large in my mind as a battering-ram. Paper I had none; but I had previously found walls to be a fair substitute. I therefore now selected and wrote upon a rectangular spot — about three feet by two — which marked the reflection of a light in the corridor just without my transom. Among my collection of genuine human documents I still have a verbatim copy of my midnight inscription.

The next morning when the assistant physician appeared he was accompanied as usual by the guilty head-attendant who, on the previous night, had held the lantern during his vicious partner's assault.

"Doctor," said I, "I have something to tell you," — and I glanced significantly at the attendant. "Last night I had a most unusual experience. I have had many imaginary experiences during the past two years and a half, and it may be that last night's was not real. Perhaps the whole thing was phantasmagoric — like what I used to see during the first months of my illness. Whether it was so or not I shall leave you to judge. It just happens to be my impression that I was brutally assaulted last night. If it was a dream it is the first thing of the kind that ever left visible evidence on my body."

With that I uncovered to the doctor a score of bruises and lacerations. I knew these would be more impressive than any words of mine. The doctor looked wise, but said nothing and soon left the room. The guilty attendant tried to appear unconcerned, and I really believe he thought me not absolutely sure of the events of the previous night, or at least unaware of his share in them.

Though the doctor in his own mind knew that I had been abused, he was unable to secure incriminating evidence

from the attendants. They of course lied for their mutual protection. They were too wise to deny that they had entered my room, but the reasons they gave for entering and their account of what followed were cut from the black cloth with which cowards habitually cloak their shame. Of all the liars in the world, brute attendants are, to my mind, the meanest. They first assault an imprisoned insane man when there are no sane eyes or ears to bear witness. Then, taking advantage of the suspicion with which the statements of the insane are too often regarded, they lie and lie, and corroborate their lies according to the code of dishonor which obtains among them. A fair idea of this code may be gained from one of its rules; namely, that an attendant shall deliberately turn his back when another attendant is assaulting a patient. By so doing the attendant is of course able to tell the doctor — should he by some rare chance ask — that he saw no patient struck by the accused. By telling these half-truths, attendants are able to retain their positions for months, sometimes years, — but only in institutions where "Restraint" is countenanced.

The two attendants in my case deserved immediate discharge. They could not offer the excuse of self-defense, for they had to unlock the door to get within my reach. In my opinion the doctor was at fault both before and after. Surely, my wounds should have had more weight with him than the palpable lies of those who inflicted them.

I soon found that usually a restless or troublesome patient placed in the violent ward is assaulted the very first day. This procedure seems to be a part of the established code of dishonor. The attendants imagine that the best way to gain control of a patient is to cow him from the first. In fact, these fellows — nearly all of them ignorant and untrained — will tell you that "violent cases" cannot be handled in any

other way. And in so saying they are often sincere. I recall the advent of a new attendant,—a young man studying to become a physician. At first he seemed inclined to treat patients kindly, but he soon fell into brutal ways. His change of heart was due partly to the brutalizing environment, but more directly to the attitude of the three hardened attendants who mistook his consideration for cowardice and taunted him for it. Just to prove his metal he began to assault patients, and one day knocked me down simply for refusing to stop my prattle at his command. I did not openly resent his action, for I knew that I should only be unmercifully beaten for my temerity. By this time I had learned the uselessness of physical resistance. For comfort I dwelt upon the thought that I should one day deal a death blow to the whole inhuman system which had dealt so many death blows to the helpless insane.

I found also that an unnecessary and continued lack of out-door exercise tends to multiply deeds of violence. The attendants are supposed to take the patients for a walk at least once a day, and twice, when the weather permits. Yet the patients in the violent ward (and it is they who most need the exercise) usually get out of doors only when the attendants see fit to take them. For weeks a ward-mate — a man sane enough to enjoy freedom, had he had a home of his own — kept a record of the number of our walks. It showed that we averaged not more than one or two a week for a period of two months. This too in the face of many pleasant days which made the close confinement doubly irksome. The attendants preferred to remain in the ward, playing cards, smoking, and telling their kind of stories. One other fact I observed; namely, that as exercise decreased the number of assaults invariably increased. The attendants need regular exercise quite as much as the patients

and when they fail to employ their energy in this healthful way, they are likely to employ it at the expense of the bodily comfort of their helpless charges. It was only because of a lax system of supervision that they were able thus to shirk their duty. Daily reports as to the exercising of patients would correct this common evil.

If lack of exercise produced a need of discipline, on the other hand each disciplinary move served only to inflame us the more. Some wild animals can be clubbed into a semblance of obedience, yet it is a treacherous obedience at best, and justly so. And that is the only kind of obedience into which a *man* can be clubbed. To imagine otherwise of a human being, sane or insane, is the very essence of insanity itself. A temporary leisure may be won for the aggressor, but, in the long run, he will be put to greater inconvenience than he would be by a more humane method. It was repression and wilful frustration which kept me a maniac and made maniacs of others. Whenever I was released from lock and key and permitted to mingle with the so-called violent patients, I was surprised to find that comparatively few were by nature troublesome or noisy. So that I am convinced that hundreds of patients throughout the country are improperly confined in violent wards. This is a serious matter; for, it is relatively as unfair to confine the mildly insane among madmen as to immure the sane among the insane. A patient, calm in mind and passive in behavior three hundred and sixty days in the year, may, on one of the remaining days, commit some slight transgression, or, more likely, be goaded into one by an attendant — or needlessly led into one by a tactless physician. At once he is banished to the violent ward, there to remain for weeks — perhaps indefinitely. His indiscretion may consist merely in an unmannerly announcement to the doctor of how lightly the latter is regarded by

the patient. Such estimates of a doctor's capacity, though insane, are frequently correct, and proportionately galling, and their truth, the subject of them invariably proves by condemning the guilty patient to a term of imprisonment in a ward of chaos. A thoroughly competent physician is seldom vilified; — for, being competent, he is able to win the good-will of his wards, and, should he occasionally be consigned to oblivion by an excited patient, he disregards the matter, knowing full well that the mouth is but the escape-valve of an abnormally active mind.

XXI

The self-control which had enabled me to suspend speech for a whole day now stood me in good stead. It enabled me to avert much suffering that would have been my portion had I been like the majority of my ward-mates. Time and again I surrendered when an attendant was about to chastise me. But at least a score of patients in this ward were not so well equipped, and these were viciously assaulted again and again by the very men who had so thoroughly initiated me into the mysteries of their black art.

I set myself up as the observer and the reporter of abuses. My observations convinced me of an anomaly; namely, that the only patients in a hospital for the insane who are not likely to be subjected to abuse are the very ones least in need of care and treatment. The violent, noisy, and troublesome patient is abused because he is violent, noisy, and troublesome. The patient too weak physically or mentally to attend to his own wants is frequently abused because of that very helplessness which makes it necessary for the attendants to wait upon him. And so of the forty men in the violent ward during my fourteen weeks of confinement there, at least twenty were at one time or another viciously beaten by some one of the three attendants, frequently by two at once.

Like fires and railroad disasters, assaults seem to come in groups. Sometimes days will pass without a single outbreak. Then will come a veritable carnival of abuse — due invariably to the attendants' state of mind, not to an unwonted aggressiveness on the part of the patients. The

beatings which, by reason of my superior discretion, I escaped scarcely diminished the sum of punishment. I can recall as especially noteworthy ten instances of atrocious abuse. Five patients were chronic victims, beaten frequently as I was on that night when two attendants broke into my room. Three of them, peculiarly irresponsible, suffered with especial regularity, scarcely a day passing without bringing to them its quota of punishment. One of these, almost an idiot, and quite too inarticulate to tell a convincing story even under the most favorable conditions, became so cowed that, whenever an attendant passed, he would circle his oppressor as a whipped cur circles a cruel master. I saw him do so time and again. If his avoidance became too marked the attendant would then and there chastise him for the implied but unconscious insult.

There was a young man, occupying a cell next to mine in the Bull Pen, who was so far out of his mind as to be absolutely irresponsible. His offense was that he could not comprehend and obey. Compared to his abuse, all that I suffered in the Bull Pen was as nothing. Day after day I could hear the blows and kicks as they fell upon his body, and his incoherent cries for mercy were as painful to hear as they are impossible to forget. That he survived and to-day is dragging out an existence in an asylum, is surprising. It is true, I believe, that his form of insanity is considered incurable; but that is an additional consideration in favor of kind treatment.

What wonder that this man who was "violent," or who was made violent, would not permit the attendants to dress him! But he had a half-witted friend, a ward-mate, who could coax him into his clothes during the time when his oppressors found him most intractable. Even an insane man can distinguish between friend and foe.

Of all the patients known to me, one incoherent and irresponsible man of sixty years I saw assaulted with the greatest frequency. This patient was restless and forever talking or shouting, as any man might if oppressed by his delusions. He was profoundly convinced that a certain person had stolen his stomach — an idea inspired perhaps by the remarkable corpulency of the person he accused. His loss he would wofully voice even while eating. Of course, argument to the contrary had no effect; and his monotonous recital of his imaginary troubles made him unpopular with the attendants. They showed him no mercy. Each day — including the hours of the night, when the night-watch took a hand — he was belabored with fists, broom-handles, and frequently with the heavy bunch of keys which attendants usually carry on a long chain. He was kicked and choked, and his suffering was aggravated by his almost continuous confinement in the Bull Pen. An exception to the general rule (for such continued abuse often causes death) this man lived a long time — five years.

Another victim, forty-five years of age, was one who had formerly been a successful man of affairs. His was a forceful personality, and the traits of his sane days influenced his conduct when he became insane. He was in the expansive phase of paresis, a phase distinguished by an exaggerated sense of well-being — for delusions of grandeur are a symptom of this form as well as of several other forms of insanity. Paresis, as everyone knows, is incurable. Its victim is doomed — death usually following within three years of the onset of the disease. In this instance, instead of trying to make the patient's last months on earth comfortable, the attendants subjected him to a course of treatment severe enough to have sent even a sound man to an early grave. I endured privations and severe abuse for one month

at the State Hospital. This man suffered in all ways worse treatment for many months — until finally he was transferred to a ward where he received kinder treatment. He still lives, — another example of man's endurance.

I became well acquainted with two jovial and witty Irishmen. They were common laborers. One was a hod-carrier, and a strapping fellow. When he arrived at the institution he was suffering with alcoholic delusional insanity — a curable form. He was at once placed in the violent ward, though his "violence" consisted of nothing more than an annoying sort of irresponsibility. He irritated the attendants by persistently doing certain trivial things after they had been forbidden. For instance, the door to a certain room he would open and re-open, undoubtedly in response to "false voices" which perhaps commanded him to do so. The attendants made no allowance for his condition of mind. His repetition of a forbidden act was interpreted as deliberate disobedience. He was physically powerful, and they determined to cow him. Of the master assault by which this was sought to be accomplished I was not an eye-witness. But I was an ear-witness. It was committed behind a closed door; and I heard the dull thuds of the blows, and I heard the cries for mercy until there was no breath left the man with which he could beg even for his life. For days, that wrecked Hercules dragged himself about the ward moaning pitifully. He complained of pain in his side and had difficulty in breathing, which would seem to indicate that some of his ribs had been fractured. This man was often punished, frequently for complaining of the torture already inflicted. But later, when he began to return to the normal, his good-humor and native wit won for him an increasing degree of good treatment.

The other Irishman's arch offense — a symptom of his

disease — was that he gabbled incessantly. He could no more stop talking than he could right his reason on command. Yet his failure to become silent at a word was the signal for punishment. On one occasion an attendant ordered him to stop talking and take a seat at the further end of the corridor, about forty feet distant. He was doing his best to obey, even running to keep ahead of the attendant at his heels. As they passed the spot where I was sitting, the attendant felled him with a blow behind the ear; and, in falling, the patient's head barely missed the wall.

Addressing me, the attendant said, "Did you see that?"

"Yes," I replied, "and I'll not forget it."

"Be sure to report it to the doctor," said he — a remark which showed his contempt, not only for me but for those in authority; and this contempt the latter at least had earned by their leniency and indifference.

The reader will already have observed that the years of the patient are no protection. The attendant who had so terribly beaten me was particularly flagrant in ignoring the claims of age. On more than one occasion he viciously attacked a man of over fifty, who, because of his affliction (paresis) was virtually a man of seventy. He was a Yankee sailing-master, who, in his prime, could have thrashed his assailant with ease and thrown him into the sea. But now he was helpless and could only submit. However, this man was not utterly abandoned by his old world. His wife called often to see him; and, because of his condition, she was permitted to visit him in his room. Once she arrived in the nick of time — a few hours after her husband had been cruelly beaten. Naturally she asked the attendants how he had come by the hurts — the blackened eye and bruised head. True to the code, they lied, and declared that the patient had fallen out of bed, or stumbled against the wall.

The good wife, perhaps herself a Yankee, was not thus to be fooled; and her growing belief that her husband had been assaulted was confirmed by a sight she saw before her visit was ended. Another patient — a Frenchman, who was a target for abuse — was knocked flat two or three times as he was roughly forced along the corridor by an attendant. I saw this little affair and I saw that the good wife saw it. The next day she called again and took her husband home. And so this distressed woman felt it her duty to assume entire charge of her mad and really dangerous husband. The result was that after a few (probably sleepless) nights, she had to return him to the asylum and trust to God rather than the State to protect him.

Still another victim was a man sixty years of age. He was quite inoffensive, and no patient in the ward seemed to attend more strictly to his own business. Shortly after my transfer from the violent ward this old man was wantonly attacked by an attendant who broke the patient's arm. The attendant (the man who had so viciously assaulted me) was summarily discharged. Unfortunately, however, the relief afforded the insane was slight and brief, for this same brute (as I have since ascertained) soon secured a position in an asylum a thousand miles distant, where, no doubt, he continues to indulge his base proclivities.

Death by violence in a violent ward is after all not an unnatural death — for a violent ward. The patient of whom I am about to speak was also an old man — over sixty. Both physically and mentally he was a wreck. On being brought to the institution he was at once placed in a cell in the Bull Pen, probably because of his previous history for violence while delirious at his own home. But his violence (if it ever existed) had already spent itself, and had come to be nothing more than an utter incapacity to obey. His offense

was that he was too weak to attend to his common wants. The day after this patient's arrival, shortly before noon, he lay stark naked and helpless upon the bed in his cell. This I know, for I went to investigate immediately after a ward-mate had informed me of the vicious way in which the head-attendant had assaulted the sick man. My informant was a man whose word regarding an incident of this character I would take as readily as that of any man I know. He came to me, knowing that I had taken upon myself the duty of reporting such abominations. My informant feared to take the initiative, for, like many other patients who believe themselves doomed to continued confinement, he feared to invite abuse at the hands of revengeful attendants. I therefore promised him that I would report the case as soon as I had an opportunity.

All day long the victim of the attendant's unmanly passion lay in his cell in what seemed to be a semi-conscious condition. I took particular pains to observe his condition, for I felt that the assault of the morning might result in death. That night, after the doctor's regular tour of inspection, the patient in question was transferred to a room next my own. The mode of transfer impressed itself upon my memory. Two attendants — one of them was he who had so brutally beaten the patient — placed the man in a sheet and, each taking an end, carried the hammock-like contrivance, with its inert contents, to what proved to be its last resting-place above ground. Though I cannot say that the patient's body slid or struck against the floor as the attendants proceeded, the chances are that men who could assault the helpless would not be likely to guard against that possibility. At least I noted this: the attendants seemed as much concerned about their burden as one might about a dog in a sack, weighted and ready for the river.

That night the patient died. Whether he was murdered none can ever know. But it is my honest opinion that he was. Though he might never have recovered, it is plain that he would have lived days, perhaps months. And, had he been humanely, nay, scientifically, treated, who can say that he might not have been restored to health and home, and to-day be enjoying life as is the man who had perhaps murdered him.

According to the hospital records this death was not other than a natural death. No autopsy was performed, which fact, in itself, shows that the doctors did not suspect that the patient had been maltreated; for it is customary to perform autopsies when incriminating evidence of abuse is discovered. But, had there been an autopsy, revealing guilt, — what then? In all probability, no arrests would have been made, as hospital officials know how difficult it is to secure evidence sufficient to convict. Conceding that it is difficult to secure such evidence, I will not admit that rigorous and intelligent action on the part of those in authority would never result in the conviction of attendants guilty of assault or murder; much less will I admit that the neglect of such action, even if uncertain of success, is ever excusable. Hospital officials, public prosecutors, and jurors, should bear in mind that, at trials for such crimes, the word of a patient, sane enough to testify at all, should have greater weight than the word of an attendant whose self-interest or cowardice will so often cause him to perjure himself. Further, those whose duty it is to apprehend and punish criminals should remember that there are to be found in every institution attendants possessed of a high sense of honor. These will not hesitate, under right conditions, to testify against a guilty co-worker.

It is to an attendant of this type that I shall look for con-

vincing corroboration. His is the same story as mine, though told of a different institution. I resort to it here at the cost of digression; for, though I believe my statements alone will convince the average reader, surely the corroborating words of a man always sane will put my story beyond suspicion, and at the same time show that attendants placed under similar brutalizing conditions, the country over, will behave similarly.

While this book was still in draft, I came, by mere chance, upon a report which appeared in the *Courier-Journal* of Louisville, Kentucky, of the date, September 18th, 1906. It was written by a young lawyer, a resident of Lexington. This man, during the early summer of 1906, had worked as an attendant in the Eastern Kentucky Asylum for the Insane, at Lexington. He was impelled to enter the hospital as an attendant by the belief that a knowledge of insanity might prove of value when he should engage in the practice of law. He did not enter the employ of the State with the thought of effecting reform, for the simple reason, as he told me afterwards, that he was totally ignorant of the necessity for reform. The evil conditions he discovered shocked him quite as much as his revelations later shocked an ignorant public.

There was a homicide connected with this Kentucky affair. The victim was a man thirty-seven years of age. Prior to his collapse he had held a responsible position in a large rolling-mill. Working by day in the exhausting heat of a blast-furnace, and at night nursing a sick wife, he finally lost his reason. He was at once committed to the State Hospital. Had he received the treatment he deserved, probably he would have recovered, for his form of insanity was curable. But punishment, not treatment, was to be his cruel portion. It was administered with such severity that he died. This fact was proved at the trial of the guiltiest at-

tendant, who, together with another attendant, was convicted of manslaughter and sent to State's Prison. Had they killed a sane person, I believe they would now be serving life-sentences, if, indeed, they had not been justly condemned to death.

Another instance of this sort of homicide occurred in Vermont. An infirm old man, eighty years of age, was wantonly attacked and killed by two attendants within a week of his commitment. He was a French-Canadian whose understanding of English had been none too good while he was sane. When his skill in a foreign tongue had been further impaired by a clouded understanding, he was of course doubly helpless. Failing to obey the command of an attendant with that promptness which conduces to personal safety, he was attacked and struck with such force that several ribs were broken. The shock of it all caused his death. The attendants were indicted for manslaughter, and placed under bonds of eighteen hundred dollars each. When called to trial the more culpable of the two, rather than risk his liberty, forfeited his bond and, as this book goes to press, has not yet been apprehended. The other attendant appeared, but, thus far, has not been tried. That men guilty of such brutality should be given an opportunity to purchase their freedom by forfeiting a small bond is simply another of the many injustices legally imposed upon the insane.[1]

The young man who was for a time my neighbor in the violent ward, and my companion in mischief, was also

[1] Readers of "Hard Cash" may not be familiar with the public correspondence into which it drew its author, Charles Reade. His letter of January 17th, 1870, in the *Pall Mall Gazette*, shows how the ribs of insane patients could be and were broken by brutal keepers with such fiendish skill as even to leave no external evidence on the body of the victim; and that letter shows also how prevalent then were atrocities of the kind I have been describing, and how easy it was for their perpetrators to escape punishment.

terribly abused. This man possessed a distinctive and interesting personality. To-day, could I enjoy his companionship, I should rank him high on my list of those whose companionship I crave. I am sure I do not exaggerate when I say that on ten occasions, within a period of two months, this man was cruelly assaulted — and I do not know how many times he suffered assaults of less severity. After one of these doses of unmerited punishment I asked him why he persisted in his petty transgressions when he knew that he thereby invited such body-racking abuse.

"Oh," said he, laconically, "I need the exercise."

To my mind, the man who, with such gracious humor, could refer to what was in reality torture, deserved to live a century. But an unkind fate decreed that he should die young — and by his own hand. Ten months after his commitment to the State Hospital he was discharged as improved — but not cured. This is not an unusual procedure; nor was it in his case apparently an unwise one, for the patient seemed fit for freedom. During his first month of regained liberty, this young man hanged himself. No message of excuse did he leave. In my opinion, none was necessary. For aught any man knows, the memories of the abuse, torture, and injustice, which were so long his portion, may have proved to be the last straw which overbalanced the desire to live. The doctors will say, and truthfully, that it was a suicidal impulse which drove him to his death. But can they surely deny that that suicidal impulse might never have gained control had he been committed to an institution where not only he, but all other patients would have been treated kindly and scientifically? Surely, if thousands who contemplate suicide stop short of it because of some little circumstance, saved by a narrow margin, is it not equally true that an adverse circumstance may drive a desperate person over the final brink to his death?

I know of two other instances of young men of about my own age who committed suicide shortly after release from their places of confinement. These two had been inmates of the large private hospital where I had suffered in the strait-jacket. So far as I know neither of them was subjected to abuse while there. But one of them who was confined in the violent ward must have seen patients abused. The other, who I think would have recovered had he been skilfully tided over his despondent period, was not at any time confined in a violent ward. But, if he did not see others roughly handled, of course he heard the ever-present rumors of abuse. Such rumors are common topics of conversation in all asylums, and they undoubtedly have a depressing effect upon those who need little to convince them that life is not worth living. When a patient is discharged and enters his old world, is it surprising that sometimes he should choose death rather than take the chance of again entering a place which to him is worse than the grave itself?

If I were to recount each instance of cruelty (major and petty) which I can recall, my chapter on abuse would soon become a book of itself. And, if it were possible to put in book form the stories of the lives of persons who have suffered experiences such as mine, I firmly believe it would take several thousand feet of shelving in a Congressional Library to hold this record of Man's inhumanity to Man. Fortunately no such collection of woe ever can be gathered. Read the few stories of this nature that exist, magnify the impression gained, and an approximation may be reached. Without question, during the past century hundreds of insane men and women have been murdered by their keepers. And many of these murders were as deliberate as any ever committed, for attendants frequently hate unto death certain of their troublesome charges.

XXII

THE so-called "seclusion" vouchsafed to me I have described. If it is true that I stood in need of seclusion at all, I should have had a bed in a room designed especially for the treatment of such a case as mine. That room should have been perfectly ventilated, and competent nurses should have been in practically constant attendance. My every reasonable wish (and unreasonable whim, if harmless) should have been granted. I should have had nourishing food at proper intervals; and I should have received nothing but that kindly treatment which can do more toward the restoration of mental health than all the medicine in the world.

Patients are weighed at stated intervals. Shortly after entering the State Hospital I weighed about one hundred thirty pounds, and that must have been about my weight when transferred to the "violent ward." Ten days later, at the regular monthly weighing, I weighed only one hundred fifteen pounds. Though loss of weight is a symptom of elation, I cannot but believe that my rapid decrease was due mainly to deprivation and abuse.

Before my banishment to the violent ward, the doctor in charge of my case had granted me many favors; but during the first ten days of my "seclusion" my sense of gratitude was dulled by the indignities and the terrific punishment to which I was subjected. Is it strange, then, that I had no respect for authority personified by a man who, holding me in the vilest of exiles, apparently countenanced the

brutal practices of men dependent upon him for their continued employment? I refused to be a martyr. Rebellion was my watchword. The only difference between the doctor's opinion of me and mine of him was that he could refuse utterance to his thoughts. Yes — there was another difference. Mine could be expressed only in words — his in grim acts.

I repeatedly made *demands* for those privileges to which I knew I was entitled. When he saw fit to grant them I gave him perfunctory thanks. When he refused — as he usually did — I at once poured upon his head the vials of my wrath. Patients with less stamina than I had invariably submit with meekness; and none so aroused my sympathy as those whose submission was due to the consciousness that they had no relatives or friends to support them in a fight for their rights. These, disheartened, usually bear their burdens with a fortitude which under other conditions would be sublime.

On behalf of these, with my usual piece of smuggled lead pencil, I soon began to indite and submit to the officers of the institution letters in which I described the cruel practices which came under my notice. My reports were perfunctorily accepted and at once forgotten or ignored. Yet these letters, so far as they related to overt acts witnessed, were lucid and should have been convincing. Furthermore, my allegations were frequently corroborated by marks on the bodies of the patients. My usual custom was to write an account of each assault and hand it to the doctor in authority. Frequently I would submit these reports to the attendants with instructions first to read and then deliver them to the superintendent or the assistant physician. The men whose cruelty I thus laid bare read my complaints with evident but perverted pleasure. They would laugh and joke about my

ineffectual attempts to bring about their discharge. And their derision seemed justified; for my almost daily reports were without effect.

My very independence and my impulse to defend others gave promise of approaching sanity. Yet it was because of this disturbing audacity that I so long failed of a transfer to a better ward. One day I would be on the friendliest terms with the doctor, the next day I would upbraid him for some denial of my rights, — or, as frequently happened, for not interposing in behalf of the rights of others. It was after one of these wrangles that I was placed in a cold cell in the Bull Pen at eleven o'clock one morning. Still without shoes and with no more covering than underclothes, I was forced to stand, sit, or lie upon a bare floor as hard and cold as the pavement outside. Not until sundown was I provided even with a drugget, and this did little good, for already I had become thoroughly chilled. In consequence, I contracted a severe cold which added greatly to my discomfort, and might have led to serious results had I been of less sturdy fiber.

This day was the thirteenth of December and the twenty-second of my exile. I remember it distinctly for it was the seventy-seventh birthday of my father, to whom I wished to write a congratulatory letter. This had been my custom for years when absent from home on that anniversary. And well do I remember when, and under what conditions, I asked the doctor for permission. It was night. I was flat on my drugget-bed. My cell was lighted only by the feeble rays of a lantern held by an attendant to the doctor on this his regular visit. At first I couched my request in polite language. The doctor merely refused to grant it. I then put forth my plea in a way calculated to arouse sympathy. He remained unmoved. I then pointed out that he was defying

the law of the State which provided that a patient should have stationery — a statute, the spirit of which at least meant that he should be permitted to communicate with his conservator.[1] But my arguments were of no avail. The doctor had set himself up as despot, and despot he remained. It was now three weeks since I had been permitted to write or send a letter to any relative or friend. Why? Because I would persist in telling the truth about my treatment and condition. Naturally the management did not desire such information to be spread. Contrary to my custom, therefore, I made my final demand in the form of a concession. I promised that I would write only a conventional note of congratulation, making no mention whatever of my plight. It was a fair offer; but to accept it would have been an implied admission that there was something to conceal, and for this, if for no other reason, it was refused.

Such treatment was not only unfair, it was unsound from a scientific point of view. I was fighting for my life and my reason; and the doctor apparently was putting other obstacles in my way than those which were unavoidable. Surely I was actuated by a sane impulse — the desire to write to my father on his birthday. And, as sanity itself simply consists in sane impulses, was it not the duty of that doctor, rather than to stifle such impulses as they appeared, to sustain and strengthen them, and, if possible, encourage them to become preponderant? Instead, day after day, I was repressed in a manner which probably would have driven

[1] See General Statutes of Connecticut § 2764. PATIENT MAY COMMUNICATE WITH FRIENDS IN WRITING. All persons detained as insane shall at all times be furnished with materials for communicating under seal with any proper person without the asylum, and such communications shall be stamped and mailed daily. Should the patient desire it, all rational communications shall be written at his dictation and duly mailed to any relative or person named by the patient.

many a sane man into a state of madness and violence. Yet that doctor, forgetful or ignorant of the fact that my behavior was the direct result of the indignities which he and his underlings were continually heaping upon me, would frequently exhort me to play the gentleman. Are mild manners and sweet submission usually the product of such treatment? Deprived of my clothes, of sufficient food, of warmth, of all sane companionship, of my liberty and even of those residuary rights which belong to a madman, I told the doctors that so long as they should continue to treat me as the vilest of criminals, I should do my best to complete the illusion.

The burden of proving my sanity was placed upon me. I was told that so soon as I became polite and meek and lowly I should find myself in possession of my clothes and of certain privileges. In every instance I must earn my reward before being entrusted with it. If this principle had been applied in a rational way, if, for instance, instead of demanding of me all the negative virtues in the catalogue of spineless saints, the doctor had given me my clothes on the condition that they would be taken from me again if I so much as removed a button, — such a course would have been productive of good results. Thus I might have had my clothes three weeks earlier than I did, and so been spared much suffering from the cold.

I clamored daily for a lead pencil; but for seven weeks no doctor, attendant, or other attaché gave me one. Now a lead pencil represents the margin of happiness for hundreds of the insane, while a plug of tobacco represents the margin of happiness for thousands of others. To be sure, by reason of my somewhat exceptional persistence and ingenuity, I managed to be always in possession of some substitute for a pencil, surreptitiously obtained, — a fact which no doubt had something to do with the doctor's indifference to my

request. But my inability to secure a pencil in a legitimate way was a needless source of annoyance to me, and many of my verbal indiscretions were directly inspired by the doctor's continued refusal to give me what I well knew belonged to me by right. Hospital officials will often justify such a petty deprivation because of an alleged proneness on the part of the patients to scribble on the walls. But only in exceptional cases does this mischievous tendency exist. During my confinement I saw little such vandalism, and most of that was caused by a dearth of paper on which to write; and I have since found that in hospitals where privileges of this sort are freely and promptly granted, there is a disposition on the part of patients to show their appreciation by respecting the wishes of their benefactors. A doctor who has gained the good-will of a patient can, by speaking kindly to him, deter him from worse transgressions than scribbling on the walls. But let us admit that a few patients will transgress. Must the many suffer because of the irresponsibility of the few? And what real harm is done by the few? Surely the instinct to so mark a bare surface is born of sanity itself. Why else do undergraduates sally forth every now and then with a pot of paint — to earn a fleeting immortality among barbarians of their own ilk? Inasmuch as Nature herself is everlastingly carving the earth's surface, it is not strange that man, sane and insane, attempts in his feeble way to imitate her.

It was an assistant physician, other than the one regularly in charge of my case, who at last relented and presented me with a good lead pencil. By so doing he placed himself high on my list of benefactors; for that stick of wood — magnified by my lively appreciation — became as the very axis of the earth.

XXIII

It was a few days before Christmas that my most galling deprivation was at last removed. That is, my clothes were restored. These I treated with great respect. Not so much as a thread did I destroy. Clothes have a sobering and civilizing effect, and from the very moment I was again provided with presentable outer garments my conduct rapidly improved. One of the doctors with whom I had been on such variable terms of friendship and enmity even took me for a sleigh-ride. With this improvement came other privileges or, rather, the granting of my rights. Late in December I was permitted to write and send letters to my conservator. Now that I was no longer being treated cruelly the doctor in charge was willing that I should communicate directly with my brother. Though some of my blood-curdling letters were confiscated, a few, detailing my experiences, were forwarded. The account of my sufferings naturally distressed my conservator, but, as he said when he next visited me: "What could I have done to help you? If the men in this State whose business it is to care for the insane cannot manage you, I am at a loss to know what to do." True, he could have done little or nothing, for he did not then know the ins and outs of the baffling game into which the ties of blood had drawn him.

About the middle of January the doctor in charge of my case went for a two week's vacation. During his absence another member of the staff took charge of the violent ward. A man of wider experience and more liberal ideas than his

predecessor, he at once granted me several real privileges. One day he permitted me to pay a brief visit to the best ward — the ward from which I had been transferred two months earlier. I thus was able again to mingle with fairly sane men, and though I enjoyed this privilege upon but one occasion, and then only for a few hours, the knowledge that I could have such privileges for the asking was a source of intense satisfaction.

Altogether the last six weeks of the fourteen during which I was confined in the violent ward were comfortable and relatively happy. I was no longer subjected to physical abuse, though this exemption was largely due to my own skill in avoiding trouble. I was no longer cold and hungry. I was allowed a fair amount of out-door exercise which, after my close confinement, proved to be a delightful sort of shock. But, above all, I was again given an adequate supply of writing and drawing materials, which became as tinder under the focused rays of my artistic eagerness. My mechanical investigations were gradually set aside and art and literature again held sway. Except when out of doors taking my apportioned exercise, I remained in my room reading, writing or drawing. This room of mine soon became a Mecca for the most irrepressible and loquacious characters in the ward. These self-elected companions at first interfered with my work. But I soon schooled myself to shut my ears to their incoherent prattle. Occasionally, some uninvited visitor would become obstreperous — perhaps because of my lordly order that he leave the room. At such times, however, I tested my theory that insane patients in anger can be controlled by tact. The result was that I invariably induced them to obey. Often did they threaten to throttle me; but I ignored the threats, and they were never carried out. Nor was I afraid that they would be. Had I been a typical

attendant, I should have accepted them as challenges, with the usual brutal consequences.

The drawings I produced at this time were crude. For the most part they consisted of copies of illustrations which I had cut from magazines that had miraculously found their way into the violent ward. The heads of men and women interested me most, for I had decided to take up portraiture. At first I was content to draw in black and white, but I soon procured some colors and from that time on I devoted my attention to mastering pastel. With it I evolved a method which produced an unusual but not an unpleasing effect. I doubt if a graduate of a recognized School of Art would dare to discover the secret of my method. Therefore I shall give up the key to my mystery so that he who runs may take or leave it. On paper with a rough surface (such as draughtsmen commonly use) first draw an outline, using a hard pencil. Then rub in pastel of the desired color. With the tip of the finger this can be properly distributed; and the slight indentations on the surface of the paper, caused by the hard pencil, will immediately appear as light lines. These lines produce a peculiar and striking effect. Though this method would be of no value in many drawings, in a drawing in which there is a wealth of hair to be represented it is very serviceable. With my compliments, this method (so far as I know, my own) I bequeath to posterity, and to such living artists as dare to risk their reputation by adopting it.

In the world of letters I had made little progress. My compositions were for the most part epistles — addressed to relatives and friends, and to those in authority at the hospital. Frequently the letters addressed to the doctors were sent in sets of three — this to save time, for I was very busy. The

first letter of such a series would contain my request, couched in friendly and polite terms. To this I would add a postscript, worded about as follows: "If, after reading this letter, you feel inclined to refuse my request, please read letter number two." Letter number two would be severely formal — a business-like repetition of the request made in letter number one. Again a postscript would advise the reader to consult letter number three, if the reading of number two had failed to move him. Letter number three was invariably a brief philippic in which I would consign the unaccommodating doctor to oblivion.

In this way I expended part of my prodigious supply of feeling. But I had also another way of reducing my creative pressure. Occasionally, from sheer excess of emotion, I would burst into verse — of a quality not to be doubted. Of that quality the reader shall judge, for I am going to quote a "creation" written under circumstances which, to say the least, were adverse. Before writing these lines I had never attempted verse in my life — barring intentionally inane doggerel. And, as I now judge these lines, it is probably true that even yet I have never written a poem. Nevertheless, my involuntary, almost automatic outburst is at least suggestive of the fervor that was in me. These fourteen lines were written within thirty minutes of the time I first conceived the idea; and I present them substantially as they first took form. From a psychological standpoint, at least, they are not without interest.

LIGHT

Man's darkest hour is the hour before he's born,
Another is the hour just before the Dawn;
From Darkness unto Life and Light he leaps,
To Life but once, — to Light as oft as God wills he should.
'Tis God's own secret, why
Some live long, and others early die;

For Life depends on Light, and Light on God,
Who hath given to Man the perfect knowledge
That Grim Despair and Sorrow end in Light
And Life everlasting, in realms
Where darkest Darkness becomes Light;
But not the Light Man knows,
Which only is Light
Because God told Man so.

These verses, which breathe religion, were written in an atmosphere where religion was almost extinct. With the curses of madmen ringing in my ears, some subconscious part of me forced me to write at its dictation. I was far from being in a pious frame of mind myself, and the quality of my thought surprised me then — as it does now. Perhaps for a moment some ancestor (I have two who went as missionaries to the Sandwich Islands early in the last century) controlled my thoughts. At any rate I like to think so, for I should object to being held entirely responsible for a poem the technical imperfections of which are scarcely atoned for by the elevation of the theme.

Though I respected my clothes, I did not at once cease to tear such material as would serve me in my scientific investigations. Gravity being conquered, it was inevitable that I should devote some of my time to the invention of a flying-machine. This was soon perfected — in my mind; and all I needed, that I might test the device, was my liberty. As usual I was unable to explain how I should produce the result which I so confidently foretold. But I was secure in the belief that I should, ere long, fly to St. Louis and claim and receive the one hundred thousand dollar reward offered by the Commission of the Louisiana Purchase Exposition for the most efficient airship there to be exhibited. The mo-

ment that thought winged its way through my mind, I had not only a flying-machine, but a fortune in the bank. Being where I could not dissipate my riches I became a lavish verbal spender. I was in a mood to buy anything, and I whiled away many an hour planning what I should do with my fortune. The St. Louis prize was a paltry trifle. I reasoned (if my magnificent mental processes may be dignified as reasoning) that the man who could harness gravity had at his beck and call the world and all that therein is. This sudden accession of wealth made my vast humanitarian projects seem only the more feasible. What could be more delightful, thought I, than the furnishing and financing of ideas of a magnitude such as would stagger humanity. My condition was one of ecstatic suspense. Give me my liberty and I would show a sleepy old world what could be done to improve conditions, not only among the insane, but along every line of beneficent endeavor.

The city of my birth was to be made a garden-spot. All defiling, smoke-begriming factories were to be banished to an innocuous distance. Churches were to give way to cathedrals; the city itself was to become a paradise of mansions. Yale University was to be transformed into the most magnificent — yet efficient — seat of learning in the world. For once, college professors were to be paid adequate salaries, and alluring provision for their declining years was to be made. New Haven should become a very hot-bed of culture. Art galleries, libraries, museums, and theaters of a dream-like splendor were to rise whenever and wherever I should will. Why absurd? Was it not I who would defray the cost? The famous buildings of the Old World were to be reproduced, if, indeed, the originals could not be purchased, brought to this country, and re-erected. Not far from New Haven there is a sandy plain, once the bed

of the Connecticut River, but now a kind of miniature desert. I often smile as I pass it on the train; for it was here, for the edification of those who might never be able to visit the Valley of the Nile, that I planned to erect a pyramid that should out-Cheops the original. My harnessed gravity, I believed, would not only enable me to overcome existing mechanical difficulties, but it would make the quarrying of immense monoliths as easy as the slicing of bread.

After all, delusions of grandeur are the most entertaining of toys. The assortment which my imagination provided was a comprehensive one. I had tossed aside the blocks of childhood days. Instead of laboriously piling small squares of wood one upon another, in an endeavor to build the tiny semblance of a house, I now, in this second childhood of mine, projected against thin air phantom edifices, planned and completed in the twinkling of an eye. To be sure such houses of cards almost immediately superseded each other, but the vanishing of one could not disturb a mind which had ever another interesting bauble to take its place. And therein lies part of the secret of the happiness peculiar to that stage of elation which is distinguished by delusions of grandeur, — always provided the afflicted one be not subjected to privation and abuse. The sane man who can prove that he is rich in material wealth is not nearly so happy as his unfortunate brother whose delusions trick him into believing himself a modern Crœsus. A wealth of Midas-like delusions is no burden. Such a fortune, though a misfortune in itself, bathes the world in a golden glow. No clouds obscure the vision. Optimism reigns supreme. "Failure" and "impossible" are as words from an unknown tongue. And the unique satisfaction about a fortune of this fugitive type is that its loss

occasions no regret. One by one the phantom ships of treasure sail away for parts unknown; until when the last has become but a speck on the mental horizon, the observer makes the happy discovery that his pirate fleet has left behind it a priceless wake of Reason!

XXIV

EARLY in March, 1903, having lived in a "violent ward" for nearly four months, I was transferred to another — a ward quite as orderly as the best in the institution, though less attractively furnished. Here also I had a room to myself: in this instance, however, the room had not only a bed, but a chair and a wardrobe. With this elaborate equipment I was soon able to convert my room into a veritable studio. Whereas in the violent ward it had been necessary for me to hide my writing and drawing materials to prevent their loss, in my new abode I was able to conduct my literary and artistic operations without the annoyances which had been inevitable during the preceding months.

Soon after my transfer to this ward I was permitted to go out of doors and walk to the business section of the city — two miles distant. But on these walks I was always accompanied by an attendant. To one who has never surrendered any part of his liberty such surveillance would no doubt seem irksome; yet, to me, after being so closely confined, the ever-present attendant seemed a companion rather than a guard. These excursions into the sane and free world were not only a great pleasure, they were almost a tonic. To rub elbows with normal men tends to restore the mental poise of one whose recovery is imminent. The casual passer-by, as a rule, does not distinguish patient from attendant, if, indeed, the identity of either is suspected. And the knowledge of this fact gives the patient a feeling of security which hastens a return of that self-confidence so essential

to the success of one about to re-enter a world from which he has long been cut off.

It is to be regretted that those in authority at a state hospital are unable to send many patients on such little excursions as I have just mentioned. I know that the doctors would be glad to grant such privileges more freely if a sufficient number of attendants were available for the purpose. Few institutions are provided with an adequate force of attendants. Yet the States could well afford to employ men and women for no other purpose than that of acting as escort and guard for those patients whose recovery is only a question of time. Such treatment would surely shorten the period of convalescence, and the earlier discharge of the patient would offset the increased cost of treatment; for "it is an accepted postulate by specialists who have examined the question that every recovery from mental disease, no matter what the cost of obtaining it, is a saving to the State."[1] In every community, I believe, there are men and women who would be glad of the opportunity to perform such service — for a few hours each day. One of these persons could be called in whenever a regular attendant could not be spared for the purpose. Especially would this scheme prove feasible in those institutions (and there are many such) situated near a college or university. The students would thus be able to make appreciable additions to their income during their term of study and, far above the financial gains, they would develop a richness of character which must come to him who helps to lift a burden from the sorely afflicted.

My first trips to the city were made primarily for the purpose of supplying myself with writing and drawing materials.

[1] See Dr. J. Montgomery Mosher's Fourth Annual Report of Pavilion F, Department for Mental Diseases at Albany Hospital (Albany, N. Y.).

While enjoying these welcome tastes of liberty, on more than one occasion I surreptitiously mailed certain letters which I did not dare entrust to the doctor. Under ordinary circumstances such an act on the part of one enjoying a special privilege would be dishonorable. But the circumstances that then obtained were not ordinary. I was simply protecting myself against what I believed to be unjust and illegal confiscation of letters.

I therefore need not dilate on the reasons which made it necessary for me to smuggle, as it were, to the Governor of the State of which I was a ward, a letter of complaint and instruction. This letter was written shortly after my transfer from the violent ward. The abuses of that ward were still fresh in my mind, and the memory of distressing scenes was kept vivid by reports reaching me from friends who were still confined there. These private detectives of mine I talked with at the evening entertainments, or at church. From them I learned that brutality had become more common, if anything, since I had left the ward. Realizing that my crusade against the physical abuse of patients thus far had proved of no effect, I determined to go over the heads of the doctors and appeal to the ex-officio head of the institution, the Governor of the State.

On March 12th, 1903, I wrote a letter which so disturbed the Governor that he immediately set about an informal investigation of some of my charges. Despite its prolixity, its unconventional form and what, under other circumstances, would be stigmatized as almost diabolic impudence and familiarity, my letter, as he said months later when I conferred with him, "rang true." The writing of it was an easy matter; in fact, so easy, because of the pressure of truth under which I was laboring at the time, that it embodied a compelling spontaneity.

The mailing of it was not so easy. I knew that the only sure way of getting my thoughts before the Governor was to do my own mailing. Naturally no doctor could be trusted to send an indictment against himself and his colleagues to the one man in the State who had the power to institute such an investigation as might make it necessary for all to seek employment elsewhere. In my frame of mind, to wish to mail my letter was to know how to accomplish the wish. The letter was in reality a booklet. I had thoughtfully used waterproof India drawing ink in writing it, in order, perhaps, that a remote posterity might not be deprived of the document. The booklet consisted of thirty-two, eight-by-ten-inch pages of heavy white drawing paper. These I had bound together by sewing. In planning the form of my letter I had forgotten to consider the slot of a letter-box of average size. Therefore I had to hit upon some peculiar method of getting my letter into the custody of the government. My expedient was simple. There was in the town a certain bookstore where I traded. At my request the doctor gave me permission to go to that store for supplies. I was of course accompanied by an attendant, who little suspected what was under my vest. To conceal and carry my letter in that place had been easy; but to get rid of it after reaching the bookstore was another matter. Watching my opportunity, I slipped the missive between the leaves of a copy of the *Saturday Evening Post.* This I did, believing that some purchaser would soon discover the letter and mail it. In fact, so fearful was I of detection, that, to guard against its discovery before I should be safely away from the shop, I placed it nearer the bottom than the top of the pile.

That the letter which I thus successfully started on its errand finally reached the Governor was not surprising. On

the back of the wrapper I had endorsed the following words:

"Mr. Postmaster: This package is unsealed. Nevertheless it is first-class matter. Everything I write is necessarily first class. I have affixed two two-cent stamps. If extra postage is needed you will do the Governor a favor if you will put the extra postage on. Or affix "due" stamps, and let the Governor pay his own bills, as he can well afford to. If you want to know who I am, just ask his Excellency, and oblige, Yours truly,

?"

Flanking this notice, I had arrayed other forceful sentiments, as follows — taken from statutes which I had framed for the occasion:

"Any person finding letter or package — duly stamped and addressed — *must* mail same as said letter or package is really in hands of the Government the moment the stamp is affixed."

And again,

"Failure to comply with Federal Statute which forbids any one except addressee to open a letter — renders one liable to imprisonment in State Prison."

One of the owners of the store in which I left this letter found and mailed it. From him, I afterwards learned that my unique instructions had piqued his curiosity, as well as compelled my wished-for action. Assuming that the reader's curiosity may likewise have been piqued, I shall quote certain passages from this four thousand word epistle of protest. The opening sentence read as follows: "If you have had the courage to read the above (referring to an unconventional heading) I hope you will read on to the end of this epistle — thereby displaying real Christian fortitude and learning a few facts which I think should be brought to your attention."

I then introduced myself, touching upon my ancestry, and proceeded as follows: "I take pleasure in informing you that I am in the Crazy Business and am holding my job down with ease and a fair degree of grace. Being in the Crazy Business, I understand certain phases of the business about which you know nothing." (Apparently this was meant to imply that the Governor himself was not "crazy.") "You as Governor are at present 'head devil' in this 'hell,' though I know you are unconsciously acting as 'His Majesty's' 1st Lieutenant."

I then launched into my arraignment of the treatment of the insane. The method, I declared, was "wrong from start to finish. The abuses existing here exist in every other institution of the kind in the country. They are all alike — though some of them are of course worse than others. Hell is hell the world over, and I might also add that hell is only a great big bunch of disagreeable details anyway. That's all an Insane Asylum is. If you don't believe it, just go crazy and take up your abode here. In writing this letter I am laboring under no mental excitement. I am no longer subjected to the abuses about which I complain. I am well and happy. In fact I never was so happy as I am now. Whether I am in perfect mental health or not, I shall leave for you to decide. If I am insane to-day I hope I may never recover my Reason."

My arraignment began with the private institution where I had been strait-jacketed. I referred to my oppressor as "Dr.— — M.D. (Mentally Deranged)." Then followed an account of my strait-jacket experience; then an account of abuses at the State Hospital. I described in detail the most brutal assault that fell to my lot. In summing up I said, "The attendants claimed next day that I had called them certain names. Maybe I did — though I don't be-

lieve I did at all. What of it? This is no young ladies' boarding school. Should a man be nearly killed because he swears at attendants who swear like pirates? I have seen at least fifteen men, many of them mental and physical wrecks, assaulted just as brutally as I was, and usually without a cause. I know that men's lives have been shortened by these brutal assaults. And that is only a polite way of saying that murder has been committed here." Turning next to the matter of the women's wards I said: "A patient in this ward, — a man in his right mind, who leaves here on Tuesday next — told me that a woman patient told him that she had seen many a helpless woman dragged along the floor by her hair, and had also seen them choked by attendants who used a wet towel as a sort of garrote.[1] I have been through the mill and believe every word of the abuse. You will perhaps doubt it, as it seems impossible. Bear in mind, though, that everything bad and disagreeable is possible in an Insane Asylum."

I must pause to call the reader's attention to the degree of fair-mindedness displayed in the foregoing. Facts I stated as facts, but I was wise enough to qualify a statement incapable of proof. An extravagant imagination does not necessarily supersede and suspend judgment.

When I came to the matter of the "Bull Pen" I wasted no words: "The Bull Pen," I wrote, "is a pocket edition of the New York Stock Exchange during a panic."

I next pointed out the difficulties a patient must overcome in mailing letters: "It is impossible for any one to send a letter to you via the office. The letter would be con-

[1] According to the testimony given before the Congressional Committee which, in the early summer of 1906, investigated the Government Hospital for the Insane at Washington, D. C., untrained attendants seem prone to resort to the use of a wet towel as a sort of garrote.

signed to the waste-basket — unless it was a particularly crazy letter — in which case it might reach you, as you would then pay no attention to it. But a sane letter, and a *true* letter, telling about the abuses which exist here would stand no show of being mailed. The way in which mail is tampered with by the medical staff is contemptible."

I then described my stratagem in mailing my letter to the Governor. Discovering that I had left a page of my epistolary booklet blank, I drew upon it a copy of Rembrandt's Anatomy Lesson, and under it wrote: "This page was skipped by mistake. Had to fight fifty-three days to get writing-paper and I hate to waste any space — hence the masterpiece, — drawn in five minutes. Never drew a line till September 26 (last) and never took lessons in my life. I think you will readily believe my statement." I ask the reader to notice here the humorous insight into my artistic limitations which I displayed, despite my delusional state of mind. Continuing in the same half-deluded, half-bantering vein, I said: "I intend to immortalize all members of medical staff of State Hospital for Insane — when I illustrate my Inferno, which, when written, will make Dante's Divine Comedy look like a French Farce."

I then outlined my plans for reform: "Whether my suggestions meet with approval or not," I wrote, "will not affect the result — though opposition on your part would perhaps delay reforms. I have decided to devote the next few years of my life to correcting abuses now in existence in every asylum in this country. I know how these abuses can be corrected and I intend — later on, when I understand the subject better — to draw up a Bill of Rights for the Insane. Every State in the Union will pass it, because it will be founded on the Golden Rule. I am desirous of having the co-operation of the Governor of Connecticut, but if my plans

do not appeal to him I shall deal directly with his only superior, the President of the United States. When Theodore Roosevelt hears my story his blood will boil. I would write to him now, but I am afraid he would jump in and correct abuses too quickly. And by doing it too quickly too little good would be accomplished." The reader will here perhaps infer (and rightly) that my fear of hasty executive action was really born of a desire to have a hand in the crusade, and I knew that this would be impossible until I should have regained my freedom.

Waxing crafty, yet, as I believed, writing truth, I continued: "I need money badly, and if I cared to, I could sell my information and services to the *New York World* or *New York Journal* for a large amount. But I do not intend to advertise Connecticut as a Hell-hole of Iniquity, Insanity, and Injustice. If the facts appeared in the public press at this time, Connecticut would lose caste with her sister States. And they would profit by Connecticut's disgrace and correct the abuses before they could be put on the rack. As these conditions prevail throughout the country, there is no reason why Connecticut should get all the abuse and criticism which would follow any such revelation of disgusting abuse; such inhuman treatment of human wrecks. If publicity is necessary to force you to act — and I am sure it will not be necessary — I shall apply for a writ of habeas corpus, and, in proving my sanity to a jury, I shall incidentally prove your own incompetence. Permitting such a whirlwind reformer to drag Connecticut's disgrace into open court would prove your incompetence."

For several obvious reasons it is well that I did not at that time attempt to convince a jury that I was mentally sound. The mere outlining of my ambitious scheme for reform would have caused my immediate return to the asylum. For all

that, the scheme itself, stripped of its insane trappings, was then, as it is to-day, absolutely feasible and sane; and, in this assertion, I am supported by the opinions of certain alienists who have read my story. According to these authorities, my consistent and persistent desire to effect reforms, taken by itself, was not characteristic of any form of mental disorder. It was a sane idea; but, taking hold of me, as it did, while my imagination was at white heat, I was impelled to attack my problem with compromising energy and, for a time, in a manner so unconvincing as to obscure the essential sanity of my cherished purpose.

I closed my letter as follows: "No doubt you will consider certain parts of this letter rather 'fresh.' I apologize for any such passages now, but, as I have an Insane License, I do not hesitate to say what I think. What's the use when one is caged like a criminal?"

"P. S. This letter is a confidential one — and is to be returned to the writer upon demand."

The letter was eventually forwarded to my conservator and is now in my possession.

As a result of my protest the Governor immediately interrogated the superintendent of the institution where "Jekyll-Hyde" had tortured me. Until he laid before the superintendent my charges against his assistant, the doctor in authority had not even suspected that I had been tortured. This superintendent took pride in his institution. He was sensitive to criticism and it was natural that he should strive to palliate the offense of his subordinate. He said that I was a most troublesome patient, which was, indeed, the truth; for I had always a way of my own for doing the things that worried those in charge of me. In a word, I brought to bear upon the situation what I have previously referred to as "an uncanny admixture of sanity."

The Governor did not meet the assistant physician who had maltreated me. The reprimand, if there was to be any, was left to the superintendent to administer.

In my letter to the Governor I had laid more stress upon the abuses to which I had been subjected at this private institution than I had upon conditions at the State Hospital. This may have had some effect on the action he took, or rather failed to take. At any rate, as to the State Hospital, no action was taken. Not even a word of warning was sent to the officials, as I know, for before leaving the institution I asked the doctors. It seems to me that the Governor was derelict in his duty. If my letter was convincing enough to induce him to inquire into a private institution, surely he should have been equally willing to investigate charges affecting the institution of which he was the nominal head. The least that he could have done would have been to convince himself that my charges were untrue.

Governors, for selfish or political reasons, are only too willing to avoid the inevitable political scandal which follows nine out of ten investigations of institutions politically organized. Instead of humanely considering the just claims of the State's unfortunates, men in such positions of power too often turn a deaf ear to the cries of the helpless. It is trite to observe that the average politician (and most governors are such) mistakenly thinks he must have one deaf ear which he may interpose between himself and the call of duty, while his supposedly "good" ear is reserved for the bad advice of better politicians than himself.

I am far from saying that the Governor in question deliberately suppressed an investigation which his conscience dictated. I have good reason to believe that he thought an investigation would produce no results of value. He knew that, on the whole, the State Hospital was fairly well managed

—or at least better managed than similar institutions in many other States. Further, he knew that the doctors in charge were reputable men, and that, if they could not correct abuses, a new medical staff would not be likely to do so either. Considering the deplorable yet excusable ignorance that prevails in reference to the treatment of insanity and the proper management of institutions for the insane, the action of the Governor was logical and, without doubt, honest. In fact, I question whether one Governor in ten in this country to-day has ever heard the word "Non-Restraint,"—much less understands that a thorough enforcement of its principles will eliminate a majority of existing abuses.

Though my letter did not bring about an investigation it was not altogether without fruit. Naturally, it was with considerable satisfaction that I informed the doctors that I had outwitted them in their endeavor to keep me in exile; and it was with even greater satisfaction that I now saw those in authority make a determined, if temporary, effort to protect helpless patients against the cruelty of attendants. The moment the doctors were convinced that I had gone over their heads and had sent a characteristic letter of protest to the Governor of the State, that moment they began to protect themselves with an energy born of a realization of their former shortcomings. Whether or not the management in question will admit that their unwonted activity was due to my *coup*, the fact remains that the summary discharge of several attendants accused and proved guilty of brutality immediately followed, and, for a while, put a stop to wanton assaults against which, for a period of four months, I had protested in vain. This I know, for certain inmates of the violent ward told me that comparative peace reigned about

this time. That attendants can be scared into humanity, is proved by a remark made to me by one the very day he had been discharged for choking a patient into an insensibility so profound that it had been necessary to call a physician to restore him. Said this brute: "It seems to me they're getting pretty damned strict these days, discharging an attendant for simply choking a patient." This discharged and guilty attendant immediately secured a position in another hospital of the same character in a city not twenty miles distant.

XXV

My failure to force the Governor to investigate conditions at the State Hospital convinced me that I could not hope to prosecute my reforms until I should have regained my liberty and re-established myself in my old world. I therefore quitted the rôle of reformer-militant; and, but for an occasional outburst of righteous indignation at some flagrant abuse which obtruded itself upon my notice, my demeanor was that of one quite content with his lot in life.

I was indeed content — I was happy. Knowing that I should soon regain my freedom, I found it easy to forgive — taking great pains not to forget — any injustice which had been done me. Liberty is sweet, even to one whose appreciation of it has never been augmented by its temporary loss. The pleasurable emotions which my impending liberation aroused within me served to soften my speech and render me more tractable. This change the assistant physician was not slow to note, though he was rather slow in placing in me that degree of confidence which I felt that I deserved. So justifiable, however, was his suspicion that even at the time I forgave him for it. I had on so many prior occasions "played possum" that the doctor naturally attributed complex and unfathomable motives to my most innocent acts. For a long time he entertained the idea that I was trying to capture his confidence, win the privilege of an unlimited parole, and so effect my escape from the institution. He had doubtless not forgotten the several plans of escape which I had toyed with and bragged about while in the violent ward.

Though I was granted considerable liberty during the months of April, May, and June, 1903, not until July did I enjoy a so-called "unlimited parole" which enabled me to walk about the neighboring city unattended. My privileges were granted so gradually that these first tastes of regained freedom, though delightful, were not so thrilling as one might imagine. I took everything as a matter of course, and, except when I deliberately analyzed my feelings, was scarcely conscious of my former deprivations.

This power to forget the past — or recall it only at will — has contributed much to my happiness. A majority of those who have suffered experiences such as mine are prone to brood upon them, and I cannot but attribute my happy immunity from unpleasant memories to the fact that I have viewed my own case much as a physician might view that of a patient. My past is a thing apart. I can examine this or that phase of it in the clarifying and comforting light of reason. I can, as it were, hold my past in my hand and analyze its complex and bewildering collection of thoughts under a memory rendered microscopic. And I am further comforted by the belief that I have a distinct mission in life — a chance for usefulness which might never have been mine had I enjoyed unbroken health.

The last few months of my life in the hospital were much alike, save that each succeeding one brought with it an increased degree of liberty. My hours now passed pleasantly. Time did not drag, for I was engaged upon some matter, every minute. I would draw, read, write, and talk. If any feeling was dominant it was my feeling for art; and, had I then been forced to choose irrevocably a life-work, I should have decided in favor of the study of art. I read with avidity books on that subject. In fact, I have never read any books with greater interest than these, which, to-

day, interest me scarcely at all. For, strange as it may seem, the moment I again found myself in the world of business my desire to become an artist died almost as suddenly as it had been born. Though my artistic ambition was clearly an outgrowth of my abnormal condition, and languished when normality asserted itself, I am inclined to believe I should even now take a lively interest in the study of art if I were so situated as to be deprived of a free choice of my mode of life. The use of words now enthralls me because it is eminently suited to my purposes; and its mere utility is re-enforced by a perhaps instinctive though long-latent desire for expression.

During the summer of 1903, friends and relatives often called to see me. The talks we had were of great and lasting benefit to me. Though I had rid myself of my more extravagant and impossible delusions of grandeur — flying machines and the like — I still discussed with intense earnestness other schemes, which, though allied to delusions of grandeur, were, in truth, still more closely allied to sanity itself. My talk was of that high but perhaps suspicious type in which Imagination overrules Common Sense. Lingering delusions, as it were, made great projects seem easy. That they were at least feasible under certain conditions my mentors admitted. Only I was in an insane hurry to produce results. Work that I now understand cannot be accomplished in less than five or ten years, if, indeed, in a life-time, I then believed could be accomplished in a year or two, and by me single-handed. Had I had none but insane persons to talk with I might have continued to cherish a distorted perspective. As it was, the unanimity of sane opinions helped me to correct my views; and I am confident that each talk with relatives and friends hastened my return to normality.

Though I was not discharged from the State Hospital until September 10th, 1903, during the preceding month I visited my home several times, once for three days. These trips were not only interesting but steadying in their effect. I willingly returned to the hospital for the remaining days of my confinement. Though several friends expressed surprise at this willingness to enter again an institution where I had experienced so many hardships, to me my temporary return was not in the least irksome. As I had penetrated and conquered the mysteries of that dark side of life, it no longer held any terrors for me. Nor does it to this day. I can contemplate the future with a greater degree of complacency than can those whose lot in life has been uniformly fortunate. In fact, I said at that time that, should my condition ever demand it, I would again enter a hospital for the insane, quite as willingly as the average person now enters a general hospital for the treatment of a bodily ailment.

It was in this complacent and confident mood, and without any sharp line of transition, that I again began life in my old world of companionship and of business.

PART II

XXVI

After again becoming a free man, my mind would not abandon the miserable ones whom I had left behind. I thought with horror that my reason had been threatened and baffled at every turn. Without malice toward those who had had me in charge, I yet looked with contempt upon the system by which I had been treated.

The word "hospital" should be one of the most comforting in the language. Yet I know that probably in every State in the Union men and women on the verge of collapse have killed themselves to escape commitment — and others, having survived confinement, have deliberately chosen death rather than re-commitment. As a patient, in my hearing, once remarked: "I'd rather be hung than killed an inch at a time." This thought was more forcefully expressed by an ex-patient whose case was brought to my attention by the Kentucky lawyer-attendant already referred to. He had been temporarily cured, but seemed threatened with a return of his malady. Divining the secret purpose of his relatives to return him to an asylum, where he had formerly been terribly abused, he shot himself through the heart. A message left by this victim of public indifference, or (shall I say?) ignorance, read as follows:

"I'd rather die than go back there."

Only within about twenty years has the public taken kindly even to "general" hospitals, and only within the last decade have hospitals for the insane begun to lose their

forbidding suggestiveness. Even to-day they are almost universally regarded with dread. Why? Partly because of man's instinctive dread of insanity itself; but quite as much, I think, because of the terrifying air of mystery which for generations has enshrouded these institutions. This air of mystery, fostered by the secretive conduct of our asylums, has been perpetuated and, indeed, in a large degree, created, by rumors and occasional proof of abuses appearing now and then in the public print. Thus it is that the shortcomings of the State itself often force a desperately despondent man to take that life which it is the duty of the State to protect. For these avoidable suicides we cannot, however, wholly blame the present managements of our existing hospitals. They are partly the result of that dread of insanity and asylums which has been bequeathed to us by past centuries — a dread that will continue to force men to a self-inflicted death until a universal confidence in such hospitals, and a rational view of insanity itself, shall obtain.

XXVII

I HAVE authority for the statement that there is no specific for insanity or for any phase or type thereof. For the most part, all that any system of treatment can hope to do is to give nature a chance to right itself by surrounding the patient with the best possible conditions. Yet, in most instances, this is precisely what is not done.

What then are some of the causes for this state of things, and what are some of the remedies? Of improved sanitary equipment I shall speak later. Here let me speak at length only of food and of dining facilities.

During the past century the insane, as a class, have perhaps been the poorest fed. Not many generations ago it was universally the custom to feed them on veritable husks, scarce fit for swine. In some communities to-day they have to be content with the coarsest food, frequently of such quality that a sane person would refuse to eat it. Attendants, whose fare is little, if any better, can testify to this fact. Indeed they do occasionally testify forcefully by threatening to stop work unless the management improve the quality of their rations. Such protests are usually effective. But what can *patients* do to emphasize their protest? Nothing, except to stop eating — a course which many of them take from time to time, until the instinct of self-preservation overcomes their eminently sane disgust.

Though there are to-day in this country comparatively few institutions where patients and attendants are fed as well as they deserve, it is my opinion that the several man-

agements are entitled to considerable credit for the great improvement that has been made in this particular department during the past score of years. In many institutions an honest attempt is being made to provide nothing but wholesome food. Unfortunately it is equally true that in some institutions dishonest officials consider the happiness of their charges of so little moment that for a few mean dollars they will barter it away according to the rules of that discredited political game, "Graft." Whenever and wherever the members of a medical or executive staff of a hospital for the insane are dependent upon a political party or political "boss" for their continuance in office, you will be apt to find in operation a pernicious system of perquisites which can be wrung from the State's appropriations only at the expense of the inmates of the hospitals. This "graft," which first strikes at the consciences of the men in authority, at one and the same time strikes the inmates in that most vulnerable spot — the stomach. Each and every state-appropriated dollar that is diverted by a dishonest manager or management means just so much less comfort for the inmates, who already suffer unnecessary hardships because of inadequate appropriations. The quality and quantity of food provided is sure to be adversely affected. Usually it is the purchasing of supplies which affords the only sure opportunity for "graft," and as a major part of the appropriations must be spent for food, dishonesty, where it exists, affects vitally the well-being of the patients. To the mind of every right-thinking person, the political "grafter," who will wring his mean gains from the very blood of the most unfortunate, is a man deserving of discovery and its consequent disgrace and punishment. I predict that honest legislative investigations will uncover many miserable specimens of humanity who for years have fattened by the emaciation of misery itself.

In arguing for a right quantity and quality of food I do not mean that a State should be expected to provide a great variety. At this stage of hospital development that is of course impossible. But at least an illusion of variety might be created if the *menus* were not decided upon months in advance. To know that certain articles of food will appear on a certain day of the week, each week, each month, is to rob a patient of that element of surprise which in itself serves as an appetizer.

During the first six months of my confinement at the State Hospital, though I finally grew tired of the food provided and had difficulty in swallowing enough of it to satisfy hunger, the most serious fault I had to find with it was with respect to its quantity. Not until I was admitted to the common dining-room of the ward was I able to satisfy my hunger. Then, for nearly a month — this after two months of eating in comparative solitude — I ate two, sometimes three, of the regular portions at each meal. This was not gluttony — lack of variety, if nothing else, protected me against sinful indulgence. It was occasioned by an instinctive desire to repair the damage done during my period of "seclusion." That my loss in weight already referred to was occasioned more by privation than by my state of mind, or the abuse to which I was subjected, is borne out by an earlier experience; for during my strait-jacket ordeal at the private hospital I was given nourishing food at frequent intervals and I left the padded cell weighing nearly as much as the day I first entered it.

A majority of patients to-day are fed in small dining-rooms connected with the ward in which they happen to be confined. The food is sent from the main kitchen to these centers of distribution and there apportioned and served by attendants. The attendants are supposed to allow the

patients a sufficient time to eat their meal, but it frequently happens that certain ones have not finished eating when the attendant in charge says: "All up!" In a violent ward, and sometimes in others, any patient who fails to obey that command invites abuse. More than once have I seen a patient forced to leave a half-eaten meal and quit the room — or perhaps be forcibly ejected; and I myself have often prudently stowed away in a hurry an adequate amount of food within an uncertain and arbitrarily limited time. One of the most revolting and least justifiable assaults I ever witnessed occurred in the dining-room of the violent ward at the State Hospital. When the patient had been kicked and choked into a state bordering on insensibility the attendants calmly, but breathlessly, returned to their own meal. I shudder when I think of the punishment that would have been mine had circumstances forced me to enter a violent ward during that stage of my illness which was characterized by a continued refusal to eat what was placed before me — except when my inscrutable impulses directed otherwise. It is my conviction that this book would never have been written had not a "timely generosity" kept me from such abuse while mute and crippled.

But in a hospital which has that modern improvement known as an associate dining-hall, such abuses as I have described cannot affect a majority of the patients. The State Hospital in which I was confined, now has as good a dining-hall of this type as any in the country; and its outlying groups of buildings have smaller ones. This associate or "congregate" dining-hall was first used about three months before I was discharged; consequently I am in a position to contrast its advantages with the shortcomings of the ward dining-rooms. The associate hall in question had a seating capacity of twelve hundred. This fact in itself is perhaps

surprising, for most people picture an asylum for the insane as a place of great disorder, if not riot. Yet day after day, twelve hundred insane men and women here gather and partake of the indifferent, though wholesome and life-sustaining, food provided by the State. And this, too, with relatively less disorder than will be found among an equal number of undergraduates at any of our great universities where similar dining-halls are in operation.

In an associate dining-room, under the eyes of one or more of the assistant physicians, the solicitous consideration for his charges on the part of the brutal type of attendant is positively refreshing, even if inspired by the motive of self-interest. Aside from the personal safety of the patient which thus results, there are many other advantages. The patient is sure to get a sufficient amount of food and an ample allowance of time in which to eat it. Usually an hour is allowed for each meal — that time including the walking to and from the dining-hall. In this way the inmates are able to while away three hours of the long day. At noon and night an orchestra enlivens the meal. That this music has much to do with the good order that obtains is an admitted fact, for it has been proved that music is an excellent medicine for the mentally disturbed. It is to be regretted that the associate dining-hall does not utterly eliminate the abuses which exist in so many wards. Unfortunately only those able to take some care of themselves are permitted to enjoy its advantages. Those most in need of protection are still left to the uncertain ministrations of unwatched attendants.

XXVIII

Worse than the negligent treatment of the body is a vexatious treatment of the mind itself. I have already made it clear that unjustifiable interference with the mail-matter of the patient is a common practice. This may be aptly designated as the major petty abuse of that multitude of petty abuses which help to make the lot of the insane so hard.

Next to the instinctive desire for freedom, which naturally inspires almost every inmate of an asylum, perhaps the commonest desire is to be allowed to write and receive letters as he had been accustomed to do before his commitment. This gives rise to the universal bone of contention on which doctors and patients chew — yes, and over which they growl and snarl. Every day in the year, year in and year out, in the majority of such institutions, this battle is waged. The patients chafe under censorship, let alone confiscation.

In the main they are right. It is without question unjust, as it is, indeed, illegal, that a patient should be denied the privilege of communicating, almost at will, with at least his legally appointed conservator. Yet doctors of the despot type do censor and frequently destroy letters, — except in those rare instances when a patient writes a string of silly nothings, or speaks in complimentary terms of the institution and its management. But missives of the latter sort are naturally rare — and will continue to be so until the several managements begin to inspire encomiums by deserving them. The elimination of this one abuse would go far to eliminate others which grow out of it. On the other

hand, when the physical and allied abuses shall have been done away with, there will be less temptation to interfere with patients' correspondence; for, the moment patients are universally treated with consideration they will be pretty likely to declare that fact in their letters. Then, not only will the doctors in authority not censor and wantonly destroy these letters — they will exert themselves to keep patients in close and honest touch with their relatives and friends.

I, perhaps, feel more strongly on this subject than on almost any other. I know what it is to be kept in an exile so complete that I could not send a message of any sort to my legally appointed conservator — my own brother; and that, too, at a time when I greatly desired to ask him for assistance in my fight against abuse and positive danger. This situation occurred first at the private hospital where I was strait-jacketed for three weeks. Within a month of its first occurrence it occurred again at the State Hospital. Indeed, so long as I wrote letters at these two institutions, except for a short initial period at each, I never felt sure that my letters were not being held or destroyed by the doctors in authority, — and with reason. My letters were on several occasions confiscated — letters, too, which there was no excuse for so treating, except that they contained nothing but the truth. Though many of my letters were finally forwarded to my conservator, in a few conspicuous instances they were destroyed without the knowledge of either my conservator or myself. I have already described how an assistant physician arbitrarily denied my request that I be permitted to send a birthday letter to my father, thereby not merely exceeding his authority and ignoring decency, but, consciously or unconsciously, stifling a sane impulse. That this should occur while I was confined in the Bull Pen was not so surprising. But, about four months later, while I

was an inmate of one of the best wards, a similar though less open interference occurred. At this time I was so nearly normal that my discharge was but a question of a few months. Anticipating my return to my old world I decided to begin the re-establishment of old relations. Accordingly, my brother, at my suggestion, informed certain friends that I should be pleased to receive letters from them. They soon wrote. In the meantime the doctor had been instructed to deliver to me any and all letters that might arrive. He did so for a time, and that without censoring. As was to be expected, after nearly three practically letterless years, I found rare delight in replying to my re-awakened correspondents. Yet some of these letters, written for the deliberate purpose of re-establishing myself in the sane world, were destroyed by the doctor in authority. At the time, not one word did he say to me about the matter. I had handed him for mailing certain letters, unsealed. He did not mail them, nor did he forward them to my conservator as he should have done, and had earlier agreed to do with all letters which he could not see his way clear to approve. It was fully a month before I learned that my friends had not received my replies to their letters. Then I accused the doctor of destroying them, and he, with belated frankness, admitted that he had done so. He offered no better excuse for his action than the mere statement that he did not approve of the sentiments I had expressed. Another flagrant and typical instance of such interference was that of a letter addressed to me in reply to one which I had mailed surreptitiously. The person to whom I wrote, a friend of years' standing, later informed me that he had sent the reply. I never received it. Neither did my conservator. Were it not that I feel absolutely sure that the letter in question was received at the hospital and destroyed, I should not now raise this point.

But such a point, if raised at all, must of course be made without that direct proof which can come only from the man guilty of an act which in the sane world is regarded as odious and criminal. If a crime in the sane world, surely it is doubly a crime when its commission injures a person already stripped of most of his privileges by the laws of the State.

My experience in this respect was not exceptional. I know in my own heart that during the past year thousands of the inmates of our asylums have been subjected to like unjust treatment, and during the past century, tens of thousands. At this very moment many patients quite capable of writing fairly lucid, even sane, letters, are, for any one of a number of reasons, kept out of touch with relatives and friends. These sympathizers would gladly keep in closer touch with the afflicted ones, if they were advised to do so by the hospital authorities. But, instead of encouraging such beneficial intercourse, doctors, with few exceptions, at least tacitly discourage it. Occasionally those in authority frankly advise against it. When such advice is given the doctors explain at plausible length that the receiving and reading of messages from home tends to excite the patient — especially when the patient first enters an institution. To my mind this procedure is wrong. It is, indeed, worse than an error of judgment. It is a positive cruelty. The patient when committed has enough to contend against without being forced to fight for his life and liberty unsupported by messages from those he loves — or, for that matter, even temporarily hates. The first weeks of exile are the ones which determine the patient's attitude toward his new and distressing environment. If to a patient's sense of loneliness there be added the suspicion or belief that his relatives and friends have forsaken him, does

it not stand to reason that his recovery will be retarded, if, indeed, the consequent dejection does not forever render recovery impossible?

I do not exaggerate when I say that this interference with a privilege which is part of the birthright of every American citizen causes more anguish among the insane than physical abuse. One can suffer an incredible amount of physical abuse, and forget and forgive. But the opening and illegal confiscating of letters is nothing short of dishonorable in the eyes of men and women brought up to respect the sealed messages of others. The moment a patient proves to himself — and the proof is seldom wanting — that his mail is being tampered with, that moment he loses all confidence in the doctors. As insanity itself in a majority of cases is characterized by an inordinate suspicion of others, is it sensible or scientific for a management to forever undermine the very grounds of belief that must be established if a recovery is to be hastened, or ever secured?

I will admit that there may be an occasional instance where messages from home might prove detrimental, but such cases are so rare as to justify my contention that every patient, from the moment of commitment, should be allowed a high degree of liberty in the matter of correspondence. His letters, both incoming and outgoing, should not be subjected to the scrutiny of officials whose burdensome duties so often render impossible anything like a fair inspection of the patients' mail. Indeed, the only type of physician that deserves to be invested with powers of censorship is that, I regret to say, rare type of man who is so interested in his work that he desires to read letters for the purpose of judging, with scientific precision, a patient's state of mind at a given time. Without question, written thoughts furnish an invaluable basis for diagnosis, and to deprive a high-minded

psychiatrist of the privilege of *scientific scrutiny* of mail-matter — which term I use in contradistinction to scrutiny of the more common, self-protecting sort condemned — would no doubt work an injustice to all concerned. Nevertheless, in view of the fact that comparatively few physicians working among the insane seem able to censor mail in the right rather than the wrong spirit, I feel safe in recommending that a letter written by a patient should be sent without censoring, or not be sent at all. Inasmuch as a psychiatrist genuinely interested in the welfare of a given patient will, perforce, be on the best of terms with his conservator, and, in most instances, with the patient himself, it will be an easy matter for him to secure copies of a patient's letters — or the originals — simply by stating his reasons to the conservator and asking for what he wants. In this way, freedom of communication with the outside world may be maintained and the interests of the patient — and physician — conserved. In contending that letters written by a patient should be forwarded *unopened*, *unread*, I do not mean that the inmate of an asylum should be permitted to write to any and all persons. For his own protection, and the protection of the public, he should be allowed to write only to those designated by the persons who effect his commitment, provided the list contain at least one other name besides that of his appointed conservator. This second person should be one who is interested in the welfare of the patient, for it frequently happens that the legally appointed conservator is derelict in his duty. A committed person should be permitted to write at will to his conservator, and to the one other person selected by himself — or selected for him, should he himself express no choice. In addition to these two persons, as many other relatives and friends should be placed on the list as the conservator may see fit to designate.

Such an arrangement would relieve the doctors both of work and of responsibility. Instead of censoring every letter, as they now feel called upon to do, they would need only to satisfy themselves that a patient's letter was addressed to some one of his authorized correspondents.[1]

An objection which the doctors have in the past entertained toward this suggestion is that the patient will perhaps use improper language in his letters. It cannot be denied that in every such hospital there are always a few patients whose condition of mind will impel them to write with a brutal frankness likely to offend the taste of the fastidious. The fact is, however, that there are no patients at any time in any hospital whose letters will seriously offend the sensibilities of the two or three selected representatives whose bounden duty it is to share the afflicted one's burden. Surely a patient's letters need not distress his relatives and friends more than his unwilling silence. Further, let such relatives and friends ask themselves whether they would rather be obliged to read or, alas! to write such letters.

Those patients whose mental disease is of a form characterized by prevarication — a kind not common — will soon prove the fact in their letters. After that fact has been proved the recipients of the letters will be able to judge their contents and act accordingly. Such lies can do no one harm, and the mere telling of them may, perhaps, do the patient good. It seems to be an almost universal belief that the statements of insane persons are to be regarded with a degree of suspicion that amounts to disbelief. On this point

[1] In some States the law provides that a patient may write to designated State officials and that such letters shall be forwarded, uncensored. As far as it goes it is a good law. But how far does it go? Would it not be better to put and keep the patient in close and honest touch with relatives and friends by adopting some such plan as I have ventured to suggest? Blood is thicker and warmer than the chilly waters of impersonal officialism.

I feel qualified to speak. Aside from *delusions* (which have nothing to do with the question) there is, I am sure, not a less degree of truth spoken among a given number of insane persons than among a like number of sane persons indiscriminately selected. The insane, as a class, are the most outspoken speakers of the truth to be found anywhere, in that respect rivaling the proverbial child. Freed from the restraining conventions of polite society, if they have an opinion to offer they rid themselves of it without reserve. And it is this very freedom of expression (aside from delusions) which, in my opinion, puts the statement of the average insane person on a par with the reserved, self-interested, and frequently biased statements of the average sane member of society at large. I argue with one thought in mind: that the inmates of an asylum are, on the whole, as well qualified to tell the truth regarding its abuses as the inhabitants of the sane world are to describe abuses in their respective spheres of activity.

As conditions now are, hundreds of these true accounts of abuse are each year confiscated by those, directly or indirectly, guilty of it. And much that makes the lives of the inmates so miserable has continued so long because of the ease with which a careless, if not criminal, management may cover its tracks. A due observance of the liberty of correspondence would go far to destroy this unjust immunity. Physicians to-day often declare that their one thought in controlling the correspondence of an insane charge is that he may thus be kept in a calm and peaceful state of mind. But their real motive is likely to be nothing more than a selfish — if not cowardly — desire to protect themselves against well merited criticism by the public. Oftentimes this self-protecting attitude of the medical staff may be traced to the known but not openly expressed wish of a timid Board

of Trustees, or to the wish of supposedly influential *politicians*, who perhaps ask no more of the management of an institution than that it shall so conduct affairs as to avoid "investigations" or so-called "hospital scandals." Thus the sick insane are made to suffer, for no better reason, apparently, than that certain sane persons in positions of responsibility may escape annoyance.

What will put an end to this disgraceful state of affairs? Many elaborate statutes would seem, on their face, to protect patients against every imaginable abuse. Yet they fail, and will continue to fail, until there is a militant public sentiment of sufficient strength to coerce the several hospital managements into a vigilant and considerate activity. The lasting correction of evils lies with the public, therefore it behooves each individual to contribute his word or deed to the total effect.

XXIX

The central problem in the care of the insane is the elimination of actual physical abuse. What I have narrated from my own experience and from the experiences of others makes clear enough the nature of the average attendant. Under a bad régime their baser natures gradually gain the mastery. Surprising as it may seem, many an assault is due in the last analysis to a wanton desire to satisfy what amounts to a craving for human blood. This fact is well illustrated in the remark of an attendant, in the Kentucky institution already referred to, who said, "When I came here if any one had told me that I would be guilty of striking a patient I would have called him crazy himself, but now I take delight in punching hell out of them."

What is responsible for the development of the brutal attendant and his continued existence?

In the first place, not only do locks and bars *protect* men mean enough to abuse the helpless, the sense of security itself really *inspires* them to wicked deeds. And this feeling of security is strengthened by the knowledge that chance witnesses can but rarely testify convincingly in a court of law. Being removed from the restraining influence of sane eyes, the attendant does not fear to abuse, or (the vicious type) even sometimes to kill a patient. At the worst he sees no greater penalty in store for him than the loss of his position. The chance of arrest and trial is so remote as to escape consideration; and a trial has few terrors for such attendants as are arrested, for acquittal is almost certain. In-

deed, on those rare occasions when attendants happen to be indicted for murder or manslaughter, the public generally gives them the benefit of the doubt, assuming that their work is highly dangerous, and arguing that the occasional sacrifice of the life of an insane patient is unavoidable, therefore justifiable. In this the public is in error, for, though the work in question may be, and at times *is*, harassing, it is, by no means, peculiarly hazardous. The number of unprovoked attacks made upon attendants by insane patients is, in fact, small, and would become almost negligible were all patients treated kindly from the moment of commitment.

But can we put all the blame on attendants for assaulting patients when the management shows no aggressive disposition to protect the latter? Such indifference is far more reprehensible than the cowardly conduct of ill-paid men, the majority of whom have had few advantages of education. The professional thug-attendant who, when a fellow-attendant is assaulting a patient, deliberately turns his back so that he may say, if ever questioned, that he saw no assault, is, in my opinion, less deserving of censure than those doctors who, knowing that brutality is common in their institution, weakly resign themselves to what they call "conditions."

Much of the suffering among the insane to-day is, in my opinion, due to the giving of too much authority to assistant physicians. Many of them, especially the young and inexperienced, are not to be trusted implicitly. Or, if they are to be given almost absolute authority over the patients in wards assigned to their care, let the superintendent exercise his authority to set aside any order which he may deem inexpedient or unjust. All superintendents have such authority. What I wish to emphasize is that they too often fail to exercise it. As a result of their laxness, or timidity — a timidity perhaps inspired by a misconception of the ethics

of their profession — the helpless patient is permitted unnecessarily to suffer; and, I regret to record, frequently is this suffering of the patient due to what seems a selfish desire of the superintendent to preserve peace in his official family — the medical staff. Official peace at such a price amounts to crime.[1]

But quite as culpable as lax discipline is the selfish desire on the part of doctors in authority to escape annoying investigations. When it does happen that they cannot avoid reporting felonious assaults or suspected murders to the proper authorities, their action, I regret to say, is too often in mere self-defense, and not from a righteous desire to protect their patients. Knowing that the battered and mutilated condition of the corpse, or a living victim of abuse, for that matter, will arouse suspicion on the part of the relatives of the victim, those in authority sometimes take the initiative in order to "save their face." In making this assertion I am well within the bounds of charity and truth, and the conduct of this type of doctor at the subsequent trial invariably is such as to support my contention. This behavior is quite human; for, let it be borne in mind that almost every honest investigation into these suspicious deaths reveals a greater or less degree — sometimes a criminal degree — of neglect on the part of the doctors themselves. If cornered at last by an aroused public opinion they are too ready to shift the responsibility upon the ignorant and untrained attendants

[1] Of course there is much to be said in favor of giving a high degree of authority to an assistant physician, — provided his commanding officer, the superintendent, be a man whose own standard of efficiency is so high that he will, perforce, support his co-workers in their efforts to produce the best results. Thus a young physician, instead of having, at the very beginning of his career, all ambition and initiative *ground* out of him by that sodden and fatal sort of hospital routine into which he is so often forced to sink, will have an opportunity to develop into a man of capacity and increased usefulness.

whose brutality is but the reflex of the doctors' indifference, neglect, or cowardice. But this is the last resort. Usually they will first equivocate to the verge of deliberate falsehood. They will outrun the public by giving the benefit of all doubts to the attendants. Not to do so would in many cases cause the accused to turn on them and reveal conditions they would prefer to hide. Human nature, like Nature herself, is influenced by immutable laws. Self-interest is apt to kill one's higher feelings. To fight the fight of the oppressed, the outraged, the dead, too frequently forces one to abandon a chosen career. Therefore, the still voice of a timid conscience whispers (in a perverted sense): "Let the dead bury their dead."

I cannot lay too much stress on this absolute fact: that hospital managements deliberately, wilfully, and selfishly suppress evidence which, if presented to the proper authorities, would lead to the conviction of guilty attendants, and eventually to their almost complete elimination from asylums. Several instances of such suppression have come to my attention since my discharge, two of which I shall now cite. During the summer of 1907, a Committee of Investigation appointed by the Legislature of the State of New Jersey, uncovered, several months after the commission of the crime, the suppressed evidence of the murder of a patient by attendants at the Trenton State Hospital. On the witness-stand the hospital official in authority admitted that the attendants had killed the patient and that their only punishment had been their prompt discharge as employees. He further admitted that the "scandal" had been deliberately suppressed, and that no evidence or report of the crime had been submitted to the proper authorities as is, of course, required by law. So skilfully was this crime concealed that even the wife of the victim was unable to learn the cause of

her husband's death until the investigators laid bare the facts. And this same Committee of Investigation uncovered another alleged and, to my mind, proved murder in another State Hospital for the Insane — at Morris Plains, New Jersey. Here, again, the "scandal" (a hospital euphemism for "murder" and lesser crimes) was "hushed-up" or "whitewashed." When it was finally dragged into the light of day, what happened? Those in authority, making characteristic use of the ignorance of the public regarding such matters, brazenly, I think, denied in sweeping terms, and under oath, the incriminating evidence of supposedly credible witnesses. If an investigation in New Jersey can reveal two unreported murders that occurred within a year in two State Hospitals, how many such crimes would be unearthed should the two hundred and twenty-six public and one hundred and two private hospitals for the insane in this country be *honestly* investigated? The probable figure is too appalling to print.

Hospital managements (not only the doctors, but the trustees as well) are too often cowardly bodies of men. They shun publicity, and thereby sacrifice the well-being of their unfortunate charges. If they would act promptly and rigorously when abuse is even suspected, they would need have no fear that the public would not support them. But, so long as they continue to suppress facts which no good citizen in the sane world would dare or wish to suppress, just so long will they stand in danger of being dragged into a compromising prominence by those reformers who, from time to time, like Dorothea Lynde Dix, succeed in penetrating the mysteries of their exclusive society. Nor can they surely tell when and where the lightning of accusation will strike. And if, instead of sporadic lightning, the steady glow of enlightenment shall obtain, present incompetent servants of

the public will correct their costly faults, or be forced to seek employment in other fields where their innate deficiencies will interfere with no one's happiness but their own.

For bringing the facts to light the method of procedure would be simple. Let each Governor, or each State Legislature, appoint an irreproachable Committee of Investigation. Give that Commission as much power both to investigate and to recommend legislation as was given to the "Armstrong Committee" of the State of New York, which, in the year 1905, so effectively investigated the Life Insurance Companies. There should be no taint of politics in such a Commission. Common decency and the Golden Rule should conspire in its appointment and in its work.

There should be a country-wide clean-up. Not only should existing evils be brought to light; but any abuses found to have existed during the two or three years preceding an investigation should be revealed and published to the world. And the inmates must have a fair hearing — a thing they have seldom enjoyed. I do not advocate hostile investigations. Nevertheless, the whole truth should be obtained regardless of whom it hits or hurts. The spirit of improvement, not prosecution, should control. Though hospital officials, and others able to throw light on the situation, should be subjected to rigorous examination, under oath, investigators should strive to bring out and emphasize facts which will lead to a permanent improvement of conditions, rather than to give undue prominence to the more spectacular evidence of abuses. Inquiry into the condition of the patients themselves should be the prime consideration. This line of investigation will inevitably lead to the uncovering — where they exist — of the lesser evils of careless,

extravagant, or, in some instances, dishonest management of funds.

Inasmuch as hospitals for the insane are the closest of "close corporations," it is essential that the investigators and the hospital officials (including Trustees or Managers) should meet with an honest desire to improve conditions *permanently*. They should not meet, as they have done so often in the past, with the selfish desire to "white-wash" and thus fool the public into believing conditions better than they are. Such reports of investigations as I have read support my contention that members of the medical staff of a hospital for the insane are prone to offer *excuses*, rather than give *reasons* for such abuses as are disclosed by the examining authority. And these excuses are usually so plausible as to defeat, in many instances, the purposes of an investigation. For generations, doctors working among the insane have had to hide facts, until, finally, convincing evasion of fact has become with them an unconscious art. I do not mean to say that the officials in question deliberately and habitually lie in order to deceive the public. But I do say that, having for years been forced by apathetic representatives of the public to work with crude equipment and inadequate support, these men have fallen into the weak habit of looking at problems of hospital administration from a disheartened and apologetic point of view. Given a wrong point of view, the rest has been very simple, for so few laymen know what earnest and unremitting effort might accomplish in this field that the plausible and veiled excuses of hospital officials are commonly accepted as coin of full weight.

Fortunately the securing of the whole truth does not depend upon skilful apologists — or upon those whose standard of truth has been lowered by years of enforced shoulder-

ing of the public's shortcomings. In every improperly conducted institution there will be found a few attendants, both men and women, who at heart loathe the conditions under which they are compelled to get their livelihood. These would welcome an opportunity to tell the truth and help correct the evils which so offend their better natures. The only incentive they need is a knowledge that the public will support them in a course which, if pursued independently, would probably be met with incredulity, and could result only in their discharge. It is mainly on such a nucleus of witnesses that I rest my complete confidence in the efficacy of any honestly conducted investigation — provided the testimony adduced be given the publicity it deserves.

Though hospital officials will say, with truth, that public investigations — impending or in progress — seriously interfere with the routine work of the medical staff, and bring distress to relatives of the inmates by arousing, in many instances, unwarranted fears, these considerations, to my mind, are of no moment compared to the advantages that will be gained by treating a disgrace of heroic proportions with a remedy equally heroic. In order to effect lasting reforms this whole subject must first be brought home to the people. And nothing short of the public investigation of *every* institution where the insane are confined can bring about the desired result. The interest of the people in a given territory can be effectively roused in one way only, and that is by investigating the particular hospitals wherein the insane of a given community are confined. In this way, provided *every* hospital for the insane, not forgetting the private ones, be investigated, interest would be aroused throughout the country, for few communities are without afflicted representation in the institutions under discussion. One word more. Investigators should begin and conclude

their labors with dispatch. Let the whole distressing situation be cleared up within a few months after the anticipated country-wide agitation shall be begun. Te let matters drag would be an injustice to all concerned, — especially to the patients themselves.

In conspicuous instances the investigations will reveal a satisfactory state of affairs. Fortunately there are a number of institutions managed by men both honorable and capable. Such managements have nothing to fear. In fact, they will only receive that credit which of right should redound to those who, in the midst of unfavorable conditions, and in spite of a dormant public, have so nobly discharged their duty to the least safeguarded of the world's unfortunates.

With the complete record of past and present conditions before the public, those responsible for the evils exposed should be offered one more chance of service. This charitable attitude should be adhered to, except in those instances where officials under examination stubbornly refuse to co-operate with a committee of investigation, — or where doctors or attendants have been proved guilty of an offense that cannot, in justice to the patients and to the public, be forgiven. But, even in such cases as the latter, charity should prevail; and, in view of the fact that these guilty men are, in a way, victims of a vicious system, they should be simply discharged, rather than branded forever as criminals.

No doubt many persons, particularly politicians who consider the success of their respective parties of more consequence than the comfort and happiness of a constituency bereft of reason and the right to vote, will feel that it would be a waste of time to lay bare a distressing, perhaps disgusting, account of brutalities covering a period that has passed. If my insight into a situation of this kind is worth anything, the public will do well to weigh my words before listening

to the biased opinions of those who fear the truth. An investigation covering a short period would be an injustice either to the inmates of an institution or to its management, or, indeed, to both. A guilty management, anticipating an investigation, could and would *temporarily* correct all discoverable abuses. This very thing has often happened, and always will happen so long as the instinct of self-preservation persists. Doctors who voluntarily have never lifted a finger to protect their patients against abuse sit up nights to correct abuses the moment an investigation becomes imminent — thus proving how easily their vigilance could be permanently maintained.

I shall cite a case in point. I have already made brief mention of a stroke of reform brought about in Kentucky through the efforts of an ex-attendant. It was during the month of September, 1906, that I happened to be traveling in that State. As already mentioned I chanced to pick up a copy of the Louisville *Courier-Journal*, in which I saw a heading that caught my eye and soon gripped my heart. It read as follows: "SAYS PATIENT WAS KILLED — Charge Publicly Made By Ex-Attendant." This "ex-attendant," whom I now number among my friends, was over six feet in height and proportionately powerful. Because of his great strength, upon entering the hospital he was at once assigned to a so-called "back ward." He demurred at his assignment, preferring to work in a ward where the patients were comparatively happy. But the doctors made their orders peremptory — much to their later regret. For, in the course of his work, this full-blooded man saw sights which so outraged his manhood that he protested vehemently to the authorities. His protest went unheeded so long as he remained in the employ of the State. At last, when a helpless patient had been killed by his brutal co-workers, he resigned

and forced the management to take heed by bringing the matter before the Governor of Kentucky who ordered an investigation. Then, of course, abuses which might incriminate were virtually corrected in a night. Brutality ceased. Attendants who, on many occasions, had bathed in a single tubful of water as many as fifty men, some of whom had pestilential sores on their bodies, immediately adopted a more sanitary method; and whereas, under the old method, the inmates of an entire ward had been run through a mass of cumulative filth within two or three hours, under the enforced sanitary reform it took a like corps of attendants — if not the same men — the better part of two days to complete their task.[1] Does not this wonderful change in methods (if not change of heart) prove how efficacious an aroused and outraged public opinion can really be? I say, then, it behooves the public to assume part of the burden of the afflicted and oppressed insane by compelling the several managements to work as well every day in the year as they do when an investigation impends or is in progress.

One might attempt to justify the retention of an attendant of known brutality by saying cavalierly that one vicious attendant is as good as another. This is quite true, but it does not excuse the employment of *any* vicious attendants. Nor can a valid excuse for so doing be devised. Acceptable if not model attendants can be found if deter-

[1] These statements regarding improper methods of bathing — an almost universal abuse in hospitals for the insane — are based on an affidavit given me by the "ex-attendant" who instigated the Kentucky investigation. Though the aforementioned abuse is widespread, its remedy is within easy reach. Let hospital managements abolish stationary tubs entirely and install in their stead modern shower baths and the like. However, any law or rule governing this matter should not be so strict as to prevent the use of a tub in the giving of the so-called "continuous bath" to excited patients.

mined efforts are made. Weakly taking for granted that the riff-raff which drifts from one hospital to another must be accepted, the doctors seldom think of actively *searching* for good material. Yet, in my opinion, this is one of their prime duties. No other detail of management is more important. The difficulty is not insurmountable. There are not a few superintendents who have little trouble in securing an adequate number of fairly competent attendants, but these are usually the heads of institutions conducted on Non-Restraint principles. This fact is not surprising. The better element among those who seek employment as attendants, naturally look for it where the patients are treated with the most consideration; for there the lot of the attendants is not only bearable, but, oftentimes, a happy one.

Brutal attendants are arrant cowards. They would fear to lose their positions more than do most classes of workers, if they were made to realize that the slightest infraction of the rules will *insure* immediate dismissal. The trouble today is that superintendents, generally, do not enforce rules to the point of dismissal. Thus do those in authority lose a sure opportunity to frighten brutal men into at least a semblance of merciful behavior. Why employ brutal men at all? the reader may wonder. As well ask: why employ dishonest men as clerks and officers in banks. Evil forces must ever be reckoned with; therefore it is incumbent on those in authority to adopt a proper system of espionage, the enforcement of which will reduce evils to a minimum. There is scarcely a department of the Federal Government where just such a system is not now in operation. In business too — especially its more highly developed branches — "supervision" is a watchword. Surely, if the sane find it necessary to watch those whose work is carried on under the eyes of the sane, and in the sane world, is it not more neces-

sary to watch those thousands whose work is done behind the locked doors of asylums? The first step in the enforcement of such a system would be a thorough understanding between the superintendent and attendants at the time the latter enter upon their duties. Instead of turning a new attendant over to the old attendants for training, as is so often done, those in authority should themselves assume the task of instruction. To be sure, a majority of our superintendents to-day give words of advice to the newly-hired, but seldom do these preliminary admonitions carry weight. Those in authority should impress upon the mind of the novice the fact that his is a responsible position, and that he must discharge his duties humanely, or submit to summary dismissal; and especially should male attendants be so instructed, for few men are willing to take the course of training which some of our hospitals now offer. Furthermore, attendants — new and old — should be frankly informed that, from time to time, under the established system of espionage, personal representatives of the management (spies, if you like) will find their way into the several wards. These detectives may pose either as attendants or as patients and report to the superintendent. A consciousness of the presence of sane eyes will prove salutary.

Who then will watch the superintendent who watches his subordinates? A fair question. Let the public watch and assist him through the instrumentality of a society, organized, of course, for the friendly purpose of co-operation and not with any avowed hostility toward hospital managements. No efficient superintendent ever resents a close or even continued inspection of his institution. And no competent assistant physician or capable attendant would resent an espionage which is designed for the protection of the helpless. Such continued supervision, by eliminating the inefficient, would

work to the advantage of the efficient men holding these positions, and would in a comparatively short time raise the standard of treatment to a humane level.

If, also, attendants were made to realize that a dishonorable discharge from one institution would forever bar them from all others, they would soon learn their lesson. A man about to be entrusted with the valuables of others is seldom employed by a commercial institution without a satisfactory certificate of character. Can we tolerate less care in the employing of men and women to whom such a valuable as a human soul is to be entrusted? Yet in a majority of our institutions to-day little care is exercised in the selection of help. Indeed, hospitals for the insane seldom have a full complement of attendants, and a random applicant stands an excellent chance of employment. Hundreds of these "unknowns" are now lording it over insane patients.

It is true that so-called black-lists are kept by groups of hospitals in different sections of the country; yet these prove of little avail, inasmuch as an attendant discharged, say, by an institution in New England, can go immediately to another section — the Middle States, for instance — and usually secure a position. Indeed, by applying for a position under a false name and telling the requisite number of lies to complete the illusion of a new identity, these discharged attendants often secure positions in hospitals which maintain for their mutual protection one of these relatively ineffective black-lists. I know of instances of such failure on the part of the existing system. A National Society, at comparatively small expense, could establish and operate a country-wide black-list which would effectually eliminate undesirable workers from among the ranks of hospital employees.

As a preliminary measure — and added protection — I

advocate a universal statute making it at least a misdemeanor for any man or woman, dishonorably discharged from one such institution, to accept a position in another; and likewise a misdemeanor for any doctor in authority in a state or private hospital to employ as an attendant any man or woman whose references do not indicate a good record and some fitness for the work. A sworn statement on these points from each attendant, when engaged (together with his thumb-print, as a means of identification), would protect the doctors, and this statement, if untrue, would serve as a basis for criminal prosecution. The moral effect of such a statute would be such as to render its enforcement seldom necessary. Brutal and dishonest attendants would thus be forced into other lines of work, in which they might perhaps become useful members of society, or, at least, no longer a menace to society's defenceless portion.

We must admit that the problem of securing efficiency among attendants is not an easy one. To make it easier several improvements must be made in the lot of the attendants themselves. For one thing, the niggardly salaries now offered make it extremely difficult for a management to secure or keep the right type. Competent men and women can earn two or three times as much in other and more congenial lines of endeavor. The average scale of wages for attendants in hospitals for the insane ranges from sixteen to twenty-four dollars a month, with room and board. Women usually receive sixteen or eighteen dollars at the beginning; men from eighteen to twenty, though the rates vary throughout the country. There is a slight margin, too, for an increase in salary, but even the exceptionally able attendants seldom receive more than thirty dollars a month. This

bespeaks a false, a vicious economy. Not that the average attendant deserves a cent more than he receives; but would it not be wiser, more humane, and, in the end, cheaper, to offer inducements calculated to attract to this neglected field of service a higher type of character? — nay, and keep him there, for nothing is more demoralizing than the constant changing that goes on in the ranks of the present attendants. To offer a wage of, say, forty, with a maximum of fifty dollars a month, including board and room, would, no doubt, be a move in the right direction.

However, such a merely pecuniary inducement would not, of itself, accomplish the purpose. Indeed, alone, it might defeat the purpose. For, after discussing this problem with doctors who have employed attendants, I am brought to the conclusion that increased wages, unaccompanied by increased and deserved privileges, and more wholesome and refined surroundings, would probably appeal only to burly workers in rougher fields. Wages high enough to attract a more refined type are, at the present stage of hospital development, out of the question; whereas privileges and refining influences might even now be brought to bear with excellent effect. Model dormitories, and separate cottages for married employees, instead of mere sleeping places, shorter and less exhausting hours, and proper places in which the extra leisure could be enjoyed — a library, billiard room, etc., — these would go farther than money toward the great task of refinement. It is unfair to keep an attendant on duty twelve or fifteen hours a day (these are now the common working hours) and for the balance of his time confine him to his ward under restrictions nearly as irksome as those to which the patients themselves must perforce submit. A few States, notably New York and Massachusetts, have granted appropriations for the creation of such conditions

as I am describing. If these appropriations were enlarged, and if other States followed the same policy, it is safe to predict that thousands of refined men and women would enter this field who are now debarred. And once in the work they should be offered the same chances for advancement as are offered to employees in any well conducted commercial establishment. Such a policy, carried to its logical conclusion, would include also a system of pensions for those attendants who should devote the better part of their lives to this noble service.

Still another effective means of eliminating brutality by the introduction of refining influences would consist in the wider employment of women nurses in men's wards. To the uninitiated this suggestion will no doubt seem ill-advised; yet, at this moment, there are in this country — and abroad, as well, — some hospitals for the insane where women nurses, assisted, of course, by orderlies, as are nurses in general hospitals, are managing men's wards with gratifying success.[1] What is needed is a general adoption of this humane practice. Not all classes of male patients can safely or advantageously be placed in charge of women nurses; but other classes — the more intelligent and less disturbed — comprising thousands, can, if anything, be managed better by women of capacity than by men of any sort. The superior tact and quicker sympathy of women — God-given qualities — work wonders among insane men quite as readily as in the sane world. It cannot be denied that under the present régime women nurses in charge of troublesome women patients have not been entirely free from charges of cruelty; indeed, the contrary has been proved, as the results of investigations show — but they are far less subject to this charge

[1] See article on this subject by Dr. Charles P. Bancroft, in *American Journal of Insanity*, Vol. LXIII, No. 2, October, 1906.

than men attendants. According to those superintendents who have successfully placed women nurses in charge of men's wards, thousands of male patients who now suffer at the hands of unfeeling and incompetent male attendants could be brought under remedial and uplifting influences simply by having women placed over them in positions of authority. And the salutary influence of women in wards where they are available would have a tendency, as experience has demonstrated, to spread throughout all other wards where their immediate presence is impracticable or unsafe. It would therefore seem desirable to substitute female for male nurses wherever possible.

Such a course, too, would further simplify the problem of securing an adequate number of attendants. The services of women are easier to secure, and women readily take up nursing as a profession—as a life-work; whereas men naturally look upon such work simply as a means of providing a livelihood until they can secure work more to their liking.

There are in this country about twenty thousand men and women working as attendants in our asylums and hospitals for the insane. Of this number several thousand are, without doubt, individuals of refinement. Now, if a few thousand persons of refinement can work under such conditions as obtain so generally to-day in our hospitals and asylums, is it not reasonable to suppose that improved conditions would eventually attract a full complement of workers of the same type? Strange as it may seem, many attendants now so employed, enjoy their work and would not of their own choice relinquish it. And I make bold to appeal to those grinding thousands now eking out a livelihood in work apparently more attractive, but, in truth, less endurable, to seek improved conditions and increased usefulness in those hospitals where the application of the Golden Rule to insan-

ity is now possible. In such places a feeling of security and interest soon overcomes the instinctive timidity or repugnance felt by many when, in the capacity of attendants, they first come in contact with the insane. Such contact, barring exceptional cases influenced by a too impressionable temperament on the part of the nurse, renders one, as it were, immune. It would surprise (perhaps annoy) many sane persons, were they to realize how slightly many of the inmates of asylums differ from their more fortunate brothers at large. Yet among those who have been brought into close contact with the insane this is a trite observation; and it is the key to the problem which causes so many to wonder how and why it is that men and women, at liberty to choose their vocations, deliberately cast their lot with that portion of humanity which the average person seems so willing to shun.

XXX

But the problem of attendants is not the only pressing one. Any alienist will agree, that the *cure* of the insane depends upon their *care*, and that to this end a proper classification is necessary. This can be accomplished only when the curable cases can be given individual attention. The manifestations of insanity vary with the original temperaments of those afflicted. Collective treatment is now the rule; but not until individual treatment prevails will the ratio of recoveries begin to move toward that inspiring figure which due progress in the care of the insane must eventually show. For the moment each patient receives the care which is his rightful portion, all abuses complained of will be doomed. Such care will kill cruelty at its source.

In the general hospital there are wards set apart for the treatment of certain diseases. Does any one believe that twenty patients, ill with typhoid fever, should, for an indefinite period, be given the same kind of medicine and the same kind of food at the same hour each day? Such treatment would result in the death of many who, with individual treatment, would recover. Yet, in a single ward in a hospital for the insane, twenty, thirty, forty, sometimes sixty, sometimes more than sixty patients, each in a different state of physical and mental health, are forced to submit to a uniform mode of living which, in a majority of cases, is not at all conducive to their well-being. In many instances this machine-like existence has been the death of patients who might have been restored to health had they been given exercise and diversion, and food of a quality and variety

calculated to tempt their jaded appetites.[1] It is trite to observe that mental health depends largely upon bodily health. Since this is so, hospital managements might think less of administering drugs, and what amounts to punishment, and more about providing a suitable diet, exercise, and proper application of what mind remains, for those whose condition so clearly demands these requisites of intelligent treatment. The total cost would be less. Instead of feeding and caring for, year in and year out, the once curable cases become chronic, the State might better spend more money for a shorter period, restore the sick to health, and convert a burden into a joy.

There are doctors in our State Hospitals who will tell you that to treat certain cases on their merits will demoralize those patients whose condition is such that individual treatment seems unnecessary or hopeless. As most asylums are now conducted, the individual treatment of the few might arouse a feeling of discontent among those denied special privileges. But would any such demoralization ensue if each patient was treated with that consideration he so richly deserves? I know that it would not. When one patient sees a fellow-patient allowed more liberty, or perhaps granted a more inviting diet than himself, it is not so much a feeling of jealousy or envy that seizes him — in his heart he is glad that some one of his kind is given pleasure. What he rebels against is the fact that he himself is denied, not special privileges, but those ordinary benefits which in any hospital deserving of the name would be his without the asking.

[1] As chances of recovery never cease to exist, and as statistics show that twenty out of each hundred who recover, do so after one or more years of confinement, the standard of care for even the so-called chronic cases can never be lowered without robbing some patients of their rightful chance of rescue. Apparently hopeless cases which recover after ten, fifteen, or twenty years of absolute insanity are by no means rare, as can be proved by a study of hospital records.

Another objection which the management of a state hospital sometimes makes to the plea for individual treatment is that under the law one patient is as deserving as another, and that the granting of privileges, favors, etc., to the comparatively few curable cases cannot be accomplished without working an injustice to the many whose condition does not demand exceptional care. The glib way in which those in authority in a state hospital prate about justice would bring a smile to the face of the shy goddess who perhaps presides over that virtue. These expounders of Equal Rights for All will refuse to alter a general and mechanical course of treatment which is admittedly crude and unproductive of good results; yet these very men seem willing to discriminate between patients so long as the discrimination leads not to exceptional privileges but to exceptional privations.

Though those in authority are deserving of considerable criticism there are many reasons why they should be treated with all charity. If we are to demand that doctors treat each patient as though he were the only one in the world, we must, through the several State Legislatures, provide funds for the proper equipment and manning of our institutions. To-day there are few institutions where the doctors in charge have not under their care a greater number of patients than can be properly treated. Nor are there many institutions regularly provided with an adequate corps of attendants. Indeed, if the United States Government were to send into an engagement a battleship as poorly manned as are our asylums, the people would rise in their indignation and demand that the honor of the Nation be given into other keeping. To my, perhaps prejudiced, mind, the honor of this Nation is open to attack so long as the States force, or permit, great institutions to proceed in their work with defective equipment or an inadequate complement of workers.

XXXI

But more fundamental than espionage, and more fundamental than individual as opposed to collective treatment, is the need of a changed spiritual attitude toward the insane. They are still human: they love and hate, and have a sense of humor. The worst are usually responsive to kindness. In not a few cases their gratitude is livelier than that of normal men and women. Any person who has worked among the insane, and done his duty by them, can testify to cases in point, and even casual observers have noted the fact that the insane are oftentimes appreciative. Consider the experience of Thackeray, as related by himself in "Vanity Fair" (Chapter LVII). "I recollect," he writes, "seeing, years ago, at the prison for idiots and madmen, at Bicêtre, near Paris, a poor wretch bent down under the bondage of his imprisonment and his personal infirmity, to whom one of our party gave a halfpennyworth of snuff in a cornet or 'screw' of paper. The kindness was too much for the poor epileptic creature. He cried in an anguish of delight and gratitude; if anybody gave you and me a thousand a year, or saved our lives, we could not be so affected."

A striking exhibition of fine feeling on the part of an inmate of an asylum was brought to my attention by an assistant physician whom I met while inspecting a certain State Hospital in Massachusetts. It seems that the patient in question — a woman — while at her worst had caused an endless amount of annoyance by indulging in mischievous

acts which seemed to verge on the malicious. Judged by her conduct at that time no observer would have credited her with the exquisite sensibility she so signally displayed when she had become convalescent and was granted a parole which permitted her to walk at will about the hospital grounds. After one of these walks, taken in the early spring, she rushed up to my informant and, with childlike simplicity, told him of the thrill of delight she had experienced in discovering the first flower of the year in full bloom — a dandelion, which, with characteristic audacity, had risked its life by braving the elements of an uncertain season.

"Did you pick it?" asked the doctor.

"I stooped to do so," said the patient; "then I thought of the pleasure the sight of it had given me — so I left it, hoping that some one else would discover it and enjoy its beauty as I did."

Thus it was that a woman, while still insane, unconsciously exhibited perhaps finer feeling than did Ruskin, Tennyson, and Patmore, on an occasion the occurrence of which is vouched for by Mr. Julian Hawthorne. These three masters, out for a walk one chilly afternoon in late autumn, discovered a belated violet bravely putting forth from the shelter of a mossy stone. Not until these worthies had got down on all fours and done ceremonious homage to the flower, did they resume their walk. Suddenly Ruskin halted, and, planting his cane in the ground, exclaimed, "I don't believe, Alfred, — Coventry, I don't believe that there are in all England three men besides ourselves who, after finding a violet at this time of year, would have had forbearance and fine feeling enough to refrain from plucking it."

The reader may judge whether the unconscious display of feeling by the inmate of an asylum was not finer than

the self-conscious raptures of these three wise men and sane.

Is it not then an atrocious anomaly that the treatment often meted out to an insane person is the very treatment which would deprive a sane person of his normal capacity? The victim must right his reason in an atmosphere of unreason. He must check his own delusions with the delusions of others as mad as himself; and he must submit to a variety of abuses as cruel as they are unnecessary. That so many insane persons recover their reason under adverse conditions is pretty good proof that insanity, though prevalent, can never become preponderant. Miners who penetrate the mountain fastnesses frequently become mentally unbalanced as a result of prolonged loneliness; and their knowledge that they imperil their reason by living in solitude, and their willingness to take the risk, are qualifications for the work. But one and all they hasten to return to civilization the moment they find themselves beginning to be slightly affected with hallucinations. Delay means death. Contact with sane people, if not too long delayed, means an almost immediate restoration to normality. This is an illuminating fact. For, if contact with the sane world can restore the threatened reason of these miners, why cannot the minds of the inmates of our asylums be at least strengthened by contact with sound minds? Inasmuch as insane patients cannot be set free, it is the duty of those in authority to treat them with as great a degree of sane consideration as possible. Instead of discouraging and abusing those curable patients who exhibit flashes of sanity, why not, on the contrary, single them out and encourage them in the direction of right

thinking? In my own case I know that my degree of sanity varied with the sanity of the treatment accorded me. I can recall one wholesome interview which I had with my conservator and a friend. It eliminated more insane notions from my mind than all the hours of talk I had previously had with doctors and attendants. These two men — my conservator and my friend — in a spirit of tolerance and friendliness pointed out the impracticability of some of my wild schemes, and their arguments were so convincing that I soon accepted them and saw the absurdity of my own delusions. Such arguments would of course be without effect at certain stages, but, during a period which seems to point toward normality, friendly advice will without question hasten recovery.

Not a few of the inmates of our asylums, if they enjoyed this individual and humane treatment, directed primarily toward their own interests, might to-day be set free. And many others not quite fit for absolute freedom might well be set free on parole. I firmly believe that the public should be protected against the insane, and the insane against themselves; but I see no reason why society, which so little heeds its most unfortunate portion, is deserving of an excessive degree of protection at the expense of recovered patients who have already endured unnecessary suffering because of the public's neglect. Society would not be likely to suffer any more than it suffers already because of the continued freedom of hundreds of so-called "queer" people who would have a poor chance of ever regaining their freedom were they once legally deprived of it. I do not mean to say that any considerable number of the present inmates of our asylums and hospitals have been illegally committed, or that they are wittingly held longer than seems necessary. But innocent men have been condemned and hanged, and it stands to reason that an undeterminable number of persons out of the

two hundred thousand mental incompetents in this country, have been unjustly and, in some cases, maliciously branded as insane when they did not deserve that infliction. So long as the human equation enters into the problem, such errors — or crimes — cannot possibly be completely guarded against.

That the unwarranted commitment of a person to a hospital for the insane is a tragic miscarriage of justice, all will admit. It therefore follows that the holding of a patient for an unwarranted length of time after commitment is also an injustice — likewise tragic. Yet many patients *are* deprived of their liberty longer than necessary. This fact, however, is seldom the fault of the doctors in charge of them, except, perhaps, in private, run-for-gain institutions. As a rule public hospital officials are more than willing to discharge any patient fit for freedom — if for no other reason, to relieve the overcrowded condition which obtains in a majority of public institutions. It is the indifference — or even hostility — of a patient's relatives which most often forces an asylum management to hold him for weeks or months — sometimes years — after he has demonstrated his fitness for, at least, a large degree of freedom. Rather than force a patient out into a world which, at best, is cold, the doctors will detain him until he is truly able to shift for himself. Relatives, who are contributing to their own selfish comfort by leaving the care of their unfortunates to the State, should pause and try to view life from behind asylum bars.

So much for those luckless patients whose relatives or friends fail to do their whole duty by them. But what of those inmates — and there are hundreds of them discharged each year in this country — what of those who have no relatives or friends at all, either to help or to hinder them when their liberation is about to occur? In behalf of this class I wish to call attention to a work, only recently inaugurated in

this country, though long since practiced abroad, which is deserving of support and of general adoption. I refer to the "After Care of the Insane." Thanks to the initiative of Miss Louisa Lee Schuyler of New York, the State Charities Aid Association of that city has brought to a working perfection several so-called "After Care Committees." These are composed of earnest men and women who lend assistance to needy and friendless patients about to re-enter the sane world. Four hospitals in New York State are now provided with the co-operation of such committees, and before a great while presumably every hospital for the insane in that State will be likewise provided. No institution of the character discussed should be without this provision, for it is just such outside assistance that is required, if all patients deserving of discharge are to secure their freedom the moment they are ready for it.

Realizing that my detailed account of abuses may disturb relatives and friends of the inmates of our hospitals for the insane, I feel it my duty to express again my belief that most insane persons are better off in an institution than out of one. Only a comparatively small, though undeterminable, proportion of the two hundred thousand inmates of our hospitals, asylums and sanatoriums are subjected to the worst of the abuses laid bare and discussed in this book. This is at least reassuring; for investigation and reform must soon remedy the evils complained of; and country-wide investigation, if it does nothing else, will protect insane patients against abuse as they never before have been protected. Then, before the wave of reform shall have lost its force, a National Society can take hold and help, or, if necessary, force *all* hospital managements to maintain the highest attainable standard. Abuse and injustice will then become as myths; — and, at last, the insane will come into their own.

PART III

XXXII

Such convictions as the foregoing — or some of them, and the germs of the rest — I carried with me into the world.

For the first month of regained freedom I remained at home. These weeks were interesting. Scarcely a day passed that I did not meet several former friends and acquaintances who greeted me as one risen from the dead. And well they might, for my three-year trip among the worlds — rather than around the world — was suggestive of complete separation from the every-day life of the multitude. One profound impression which I received at this time was of the uniform delicacy of feeling exhibited by my well-wishers. In no instance that I can recall was a direct reference made to the nature of my recent illness, until I had first made some remark which indicated that I was not averse to discussing it. There was an evident effort on the part of friends and acquaintances to avoid a subject which they naturally supposed I wished to forget. Knowing that their studied avoidance of a delicate subject was inspired by a thoughtful consideration, rather than a lack of interest, I invariably forced the conversation along a line calculated to satisfy a suppressed but perfectly proper curiosity which I seldom failed to detect. My decision to stand on my past and look the future in the face has, I believe, contributed much to my own happiness, and, more than anything else, enabled my friends to view my past as I myself do. By frankly referring to my experiences I put my friends and

acquaintances at ease, and at a stroke rid them of that constraint which one must feel in the presence of a person constantly in danger of being hurt by a chance reference to an unhappy experience.

I have said much about the obligation of the sane in reference to easing the burdens of those committed to our asylums. I might say almost as much about the attitude of the public toward those who survive such a period of exile, restored, but branded with a suspicion which only time can efface. Though an ex-inmate of an asylum receives personal consideration, he finds it unduly difficult to obtain employment. No fair-minded man can find fault with this condition of affairs, for an inbred horror of insanity breeds distrust of one who has been insane. Nevertheless, this attitude is a mistaken one. Perhaps one reason for this lack of confidence in an ex-inmate is to be found in the lack of confidence which such a person often feels in himself. Confidence begets confidence, and those men and women who survive mental illness should attack their problem as though their absence had been occasioned by any one of the many circumstances which may interrupt the career of a person whose mind has never been other than sound. I can testify to the efficacy of this course, for it is the one I pursued. And I think that I have thus far met with as great a degree of success as I might reasonably have expected to attain had my career never been all but fatally interrupted.

Discharged from the asylum in September, 1903, late in October of that same year I went to New York. Primarily my purpose was to study art. I even went so far as to gather information regarding the several schools; and, had not my artistic ambition taken wing, I might have worked for recognition in a field where so many strive in vain. But my business instinct, revivified by the commercially sur-

charged atmosphere of New York, soon gained sway, and, within three months I had secured a position with the same firm for which I had worked when I first went to New York — six years earlier. It was by the merest chance that I made this most fortunate connection, which has continued ever since. By no stretch of my rather elastic imagination can I even now picture a situation that would, at one and the same time, have so perfectly afforded a means of livelihood, leisure in which to indulge my longing to write, and an opportunity to further my humanitarian projects.

Though persons discharged from our asylums are usually able to secure, without much difficulty, work as unskilled laborers, or positions where the responsibility is slight, it is often next to impossible for them to secure positions of trust. That I did secure such a position naturally arouses within me a lively sense of gratitude toward the members of that firm which helped me to lift myself over as rough a spot on life's road as one may expect to fall upon. And what pleases me to-day, and pleased me then, is that the two men who comprise the firm in question did not employ me solely because of a desire to help me when I so much needed help. Knowing my past, they yet engaged my services because they thought they saw in me certain qualifications for the proposed work. During the negotiations which led to the engagement I was in no suppliant mood. If anything, I was quite the reverse; and, as I have since learned, I imposed terms with an assurance so sublime that any less degree of audacity would have put an end to the negotiations then and there. But the man with whom I was dealing was not only broad-minded, he was sagacious. He recognized immediately such an ability to take care of myself as argued an ability to protect the interests of the firm in the particular line of work he had in mind. But this alone would not have induced the average

business man to employ me under the circumstances. It was the common-sense view of insanity on the part of my employer which determined the issue. This view which is, indeed, exceptional to-day, will one day (within a few generations, I believe) be too commonplace to deserve special mention. As this man tersely expressed it: "When an employee is ill, he's ill, and it makes no difference to me whether he goes to a general hospital or an asylum. Should you ever find yourself in need of treatment or rest I want you to feel that you can take it when and where you please, and work for us when you are able." When a majority of men attain to this advanced view, insanity will take its proper place with other ills which flesh is heir to. Of course, I do not deny that one employing an ex-inmate of an asylum must carefully judge his capacity and assign him to work for which he is fitted.

Strangely enough, that "missionary spirit" (if you will) which now impels me to try to spread the principles of Non-Restraint has been nurtured and strengthened by the daily discharge of those business obligations which (if I may be pardoned) I shall now briefly describe. What my employers asked me to do was to introduce over a large territory a certain business principle, which, if universally adopted, would revolutionize a great industry. For three years I have gone from State to State — from Maine to New Mexico — presenting and explaining a special form of contract under which, for an agreed amount and without "extras," certain types of buildings may be erected, from plans to completion, and delivered to the purchaser, ready for occupancy. The purchaser, or owner, deals directly with but one firm, which acts as owner *pro tem*, and guarantees a satisfactory result. Those who have erected buildings under the usual method, namely, that of placing the entire operation in the hands of

an architect, who in turn, in the name of the owner, lets out the work to several contractors for competitive bidding, will at once grasp the significance of this revolutionizing method.

The presentation of so unique a contract requires a degree of persuasiveness and audacity. Though I have not met with an unusual degree of success, I have secured a sufficient number of contracts to warrant my being kept on the list of employees of the firm which had the courage to send me abroad in the land as its representative. My business missionary work has been done among bankers in three hundred cities and towns. Contact with two or three thousand such men in the North, East, South, and Southwest has, in every way, been beneficial to me. Not only have I talked with them. I have talked "at" them, endeavoring to convert them from an old and unsatisfactory method to a new and practical one. Many a time have I smiled inwardly when I found myself thus addressing a Board of Directors, or Building Committee, about to let a contract for a new building or the remodeling of an old banking room. For, at such times my memory invariably presents two pictures of similar (but how different!) scenes — one, that of my appearance before a clinic of Yale medical students, held at the State Hospital while I was possessed of a remarkably complete collection of delusions of grandeur which I willingly, yes, eagerly, laid on the Altar of Science. The other, that in which I appeared before the Medical Staff at the same hospital, prior to my discharge. These two occasions marked my first attempts at speech-making. My next talk of sufficient length to be called a speech was delivered before a Board of Directors. After listening to me they signed a contract for a sixty-thousand-dollar building. Aside from the preliminary nerve-racking hiatus which invari-

ably precedes a speech, I found it easy to monopolize the attention of my listeners. It would seem, therefore, that the training I received in an institution not commonly classed as one of learning proved to be of decided utility.

Dealing almost exclusively with bankers — those hard-worked men of seemingly easy hours — I have enjoyed almost as much leisure for reading and trying to learn how to write as I should have enjoyed had I had an assured income that would have enabled me to devote my entire time to these pursuits. And so congenial has my work proved, and so many places of interest have I visited, that I might rather be classed as a "commercial tourist" than as a commercial traveler. To view almost all of the natural wonders and places of historic interest east of the Mississippi — and many west of it; to meet and know representative men and women; to enjoy an almost uninterrupted leisure, and, at the same time, earn a livelihood — these advantages bear me out in the feeling that in securing the position I did, at the time I did, I enjoyed one of those rare compensations which Fate sometimes bestows upon those who survive unusual adversity.

XXXIII

When I regained my liberty (September, 1903) I realized that I could not successfully advocate reforms in hospital management until I had first proved to relatives and friends my ability to earn a living. And I knew that, after securing a position in the business world, I must first satisfy my employers before I could hope to persuade others to join me in prosecuting the reforms I had at heart. Consequently during the first year of my renewed business activity (the year 1904) I held my humanitarian project in abeyance and gave all my executive energy to my business duties. During the first half of that year I gave but little time to reading and writing, and none at all to drawing. In a tentative way, however, I did occasionally discuss my project with intimate friends; but I spoke of its consummation as a thing of the uncertain future. At that time, though confident of accomplishing my set purpose, I believed I should be fortunate if my projected book were published before my fortieth year. That I am able to publish it eight years earlier is due to one of those unlooked for combination of circumstances which sometimes causes a hurried change of plans.

The events of November and December 1904, and January, 1905, must be mentioned, and then I shall have told the reader about most of my personal fortunes. Late in the fall of 1904, a slight illness detained me for two weeks, in a city several hundred miles from home. The illness itself amounted to little, and, so far as I know, had no direct bearing on later results, except that in giving me an enforced vaca-

tion it afforded me an opportunity to read several of the world's great books — books which people are prone to reserve until a period of leisure reminds them of their former neglect.

One of these was "Les Misérables." It made so deep an impression on me that I am inclined to believe it started a train of thought which gradually grew into a purpose so all-absorbing that I might have been overwhelmed by it, had not my over-active imagination been brought to bay by another's common sense. Hugo's plea for suffering Humanity — for the world's miserable — struck a responsive chord within me. Not only did it revive my latent desire to help the afflicted; it did more. It aroused a consuming desire to emulate Hugo himself, by writing a book which should arouse sympathy for and interest in that class of unfortunates in whose behalf I felt it my peculiar right and duty to speak. I question whether any one ever read "Les Misérables" with intenser interest or feeling. I read the entire work within a few days. By day I read the story until my head ached; by night I dreamed of it. Then and there I resolved that I should lose no time in the beginning of my own work.

To resolve to write a book is one thing; to write it — fortunately for the public — is quite another. Though I wrote letters with ease, I soon discovered that I knew nothing of the vigils or methods of writing a book. Even then I did not attempt to predict just when I should begin to commit my story to paper. But, a month later, a member of the firm made a remark which acted as a sudden spur. One day, while discussing the business situation with me, he informed me that my work had convinced him that he had made no mistake in engaging me when he did. Naturally I was pleased. I had vindicated sooner than I had hoped his

judgment in selecting me for a unique work. Aside from appreciating and remembering his compliment, at the time I paid no more attention to it. Not until two weeks later did the force of his remark exert any peculiar influence on my plans. During those weeks it apparently penetrated to some subconscious part of me — a part which, on prior occasions, had assumed such authority as to dominate my whole being. But, in this instance, the part that became dominant did not exert an unruly or even unwelcome influence. Full of interest in my business affairs one week, the next I not only had no interest in them, but I had begun even to dislike them. From a matter-of-fact man of business I was transformed into a man whose one thought was the amelioration of suffering among the afflicted insane. Traveling on this high plane of ideal humanitarianism I could get none but a distorted and dissatisfying view of the life I must lead if I should continue to devote my time to the comparatively deadening routine of commercial affairs. Thus it was inevitable that I should focus my attention on my humanitarian project. During the last week of December I sought ammunition by making a visit to the two institutions where I had once been confined as an incompetent. I went there to discuss certain phases of the subject of reform with the doctors in authority. I was politely received and listened to with a degree of deference which was, indeed, satisfying. Though I realized that I was rather intense on the subject of reform I did not have that clear insight into my state of mind which the doctors had. Indeed, I believe that only those expert in the detection of symptoms of a slightly disturbed mental condition could possibly have observed anything abnormal about me at that time. Only when I discussed my fond project of reform did I betray an abnormal stress of feeling. I could talk as convincingly about business

as I had at any time in my life; for, even at the height of this "wave of enthusiasm," I dealt at length with a certain banker who finally placed with my employers a large contract.

After conferring with the doctors, or rather — as it proved — exhibiting myself to them, I returned to New Haven and discussed my project with the president of Yale University. He listened patiently — he could scarcely do otherwise — and did me the great favor of interposing his judgment at a time when I might have made a false move. I told him that I intended to visit Washington at once, and enlist the aid of the President; also that of the Secretary of State, Hon. John Hay, who was then alive. Dr. Hadley tactfully dissuaded me. He advised me not to approach these two gentlemen until I had more thoroughly crystallized my ideas and committed them to paper. His wise suggestion I had the wisdom to adopt.

The next day I went to New York, and on January 1st, 1905, I began to write. Within two days I had written about fifteen thousand words — for the most part on the subject of reforms and how to effect them. By way of mental diversion I wrote personal letters to intimate friends. One of these produced a result unlooked for. It was so well written that its recipient jumped at the conclusion that I had again lost my poise. There were about it compromising earmarks which he recognized. I intimated that I was about to approach a certain man of wealth and influence in New York, with a view to securing some action that would lead to reform. That was enough. My friend showed the letter to my brother — the one who had acted as my conservator. Upon reading it he knew at once that I was in an excited mental condition. But he could not very well judge the degree of the excitement; for when I had last talked with him — a week earlier

— I had not discussed my large plans. Business affairs and my hope for business advancement had then alone interested me.

I talked with President Hadley on Friday; Saturday I went to New York; Sunday and Monday I spent at the Yale Club, writing; Tuesday, this tell-tale letter fell under the prescient eye of my brother. That day, Tuesday, he at once got in touch with me by telephone. We briefly discussed the situation. He did not intimate that he believed me to be in elation. He simply urged me not to attempt to interest any one in my project until I had first returned to New Haven and discussed it with him. Now I had already gone so far as to invite the members of the firm to dine with me that very night at the Yale Club, for the purpose of informing them of my plans. This I did, believing it to be only fair that they should know what I intended to do, so that they might dispense with my services should they feel that my plans would in any way impair my usefulness as an employee. Of this dinner engagement, therefore, I told my brother. But, so insistently did he urge me to defer any such conference as I proposed until I had talked with him that, although it was too late to break the dinner engagement, I agreed to avoid, if possible, all reference to my project. With that qualified but well-meant promise, and the promise to return home the next day, our telephone conference ended.

That night my guests honored me as agreed. For an hour or two we discussed business conditions and affairs in general. Then, one of them referred pointedly to my implied promise to unburden myself on a certain subject, the nature of which he did not, at the time, know. I immediately decided that it would be best to "take the bull by the horns," submit my plans, and, if necessary, sever my connection

with the firm, should its members force me to choose (as I put it) between themselves and Humanity. I then proceeded to unfold my scheme; and, though I may have exhibited a decided intensity of feeling during my discourse, at no time, I believe, did I overstep the bounds of what appeared to be sane enthusiasm. My employers agreed that my purpose was commendable, — that, no doubt I could and would eventually be able to do much for those I had left behind in a durance I so well knew to be vile. Their one warning was that I seemed in too great a hurry. They called my attention to the fact that I had not been long enough re-established in business to approach successfully and persuade men of wealth and influence to take hold of my project. And one of my guests very aptly observed that I could not afford to be a philanthropist, which objection I met by saying that all I intended to do was to supply ideas for those able to apply them. The conference ended satisfactorily. My employers disclaimed any personal objection to my proceeding with my project if I would, and yet remaining in their employ. They simply urged me to "go slow." "Wait until you're forty," said one. I then thought that I might do so. And perhaps I should have waited so long had not the next two days put me on the right road to an earlier inauguration of my cherished plans.

The next day, January 4th, true to my word, I went home. That night I had a long talk with my brother. I did not suspect that a man like myself, capable of dealing with bankers and talking for several consecutive hours with his employers without arousing their suspicion as to his mental integrity, was to be suspected by his own relatives. Nor, indeed, with the exception of my brother who had read my suspiciously excellent letter, were any of my relatives disturbed, — and he did nothing to disabuse my assurance.

After our night conference he left for his own home, casually mentioning that he would talk with me again the next morning. That pleased me, for I was in a talkative mood and craved an interested listener.

When my brother returned the next morning I willingly accepted his invitation to go with him to his office where we could talk without fear of interruption. Arrived there, I calmly sat down and prepared to prove my whole case. I had scarcely "opened fire" when in walked a stranger — a strapping fellow, to whom my brother immediately introduced me. I instinctively felt that it was by no mere chance that this third party had so suddenly appeared. My eye at once lighted on the dark blue trousers worn by the otherwise conventionally dressed stranger. That was enough. The situation became so clear that the explanations which followed were superfluous. In a word, I was under arrest, or in imminent danger of being arrested. To say that I was not in the least disconcerted would scarcely be true, for I had not divined my brother's clever purpose in luring me to his office. But I can say, with truth, that I was the coolest person in the room. I knew what I should do next, but my brother and the officer of the law could only guess. The fact is I did nothing. I calmly remained seated, awaiting the verdict which I well knew my brother, with characteristic decision, had prepared. With considerable effort — for the situation, he has since told me, was the most trying one of his life — he informed me that on the preceding day he had talked with the doctors to whom I had so thoughtfully exhibited myself a week earlier. All agreed that I was in a state of elation which might or might not become more pronounced. They had advised that I be persuaded to submit voluntarily to restraint and treatment, or that I be forcibly committed. On this advice my brother

had proceeded to act. And it was well so; for, though I appreciated the fact that I was by no means in a normal state of mind, I had not a clear enough insight into my condition to realize that treatment under a certain amount of restraint was what I needed — and that continued freedom might further inflame an imagination already overwrought.

A few simple statements by my brother convinced me that it was for my own good and the peace of mind of my relatives that I should temporarily surrender my freedom. This I agreed to do. Perhaps the presence of two hundred pounds of brawn and muscle, representing the law, lent persuasiveness to my brother's words. In fact, I did assent the more readily because I admired the thorough, sane, fair, almost artistic manner in which my brother had brought me to bay. I am inclined to believe that, had I suspected that a re-commitment was imminent, I should have fled to a neighboring State during the preceding night. The reader should not, however, imagine that I was treated with any unnecessary severity. The right thing in the right way was done at the right time. Though up to this moment I had been the subject of strategy, not for one moment thereafter, in any particular, was I deceived. I was frankly told that several doctors had pronounced me elated, and that for my own good I *must* submit to treatment. I was allowed to choose between a Probate Court commitment which would have "admitted me" (humorous phrase) to the State Hospital, or a "voluntary commitment" (somewhat humorous phrase) which would enable me to enter the large private hospital where I had previously passed from depression to elation, and had later suffered tortures. I naturally chose the more desirable of the two disguised blessings, and agreed to start at once for the private hospital. It was not that I feared again to enter the State Hospital, —

I wished to avoid the publicity which necessarily would have attended my commitment to that institution. Then, too, there were certain privileges which I knew I could not enjoy at the State Hospital, where doctors fear or refuse to treat each case on its own merits. Having re-established myself in society and business I did not wish to forfeit that advantage; and as the doctors believed that my period of elation would be short, it would have been sheer folly to advertise the fact that my mental integrity had again fallen under suspicion.

But before starting for the asylum I imposed certain conditions. One was that the man with authoritative trousers should walk behind us at such a distance that no friend or acquaintance who might see us would divine that I was under guard; the other was that the doctors at the institution should agree to grant my every request, no matter how trivial, so long as it could in no way work to my own injury. My privileges were to include that of reading and writing to my heart's content, and the procuring of such books and supplies as my fancy might dictate. All this was agreed to. In return I agreed to submit to the surveillance of an attendant when I went about the city. This I knew would contribute to the peace of mind of my relatives, who naturally could not rid themselves of the fear that one so nearly sane as myself might take it into his head to leave the State and resist further attempts at incarceration. As I felt that I could easily elude my keeper, should I care to escape, his presence also contributed to *my* peace of mind, for I argued that the ability to outwit my guard would atone for the offense itself.

I then started for the hospital; and I went with a willingness surprising even to myself. A cheerful philosophy enabled me to turn an apparently disagreeable situation into

one that was positively pleasing to me. I convinced myself that I could extract more real enjoyment from life during the ensuing weeks within the walls of a "retreat" than I could in the world outside. My one desire was to write, write, write. My fingers itched for a pen. My desire to write was, I imagine, as irresistible as the desire of a drunkard for his dram. And the act of writing resulted in an intoxicating pleasure composed of a mingling of emotions that defies analysis.

That I should so calmly, almost eagerly, enter where devils might fear to tread, may surprise the reader who already has been informed of the cruel treatment I had formerly received there. I feared nothing for I knew all. Having seen the worst, I knew how to avoid the pitfalls into which, during my first confinement, I had fallen or deliberately walked. I was confident that I should suffer no abuse or injustice so long as the doctors in charge should live up to their agreement and treat me as a gentleman. This they did, and my quick recovery and subsequent discharge may be attributed mainly to this cause. The assistant physicians who had come in contact with me during my first experience in this hospital were no longer in charge. They had resigned some months earlier — shortly after the death of the former superintendent. Thus it was that I started with a clean record, free from those prejudices which so often bias the judgment of a doctor who has treated a patient at his worst.

XXXIV

On more than one occasion my chameleon-like temperament has enabled me to adjust myself to new conditions, but never has it served me better than it did at the time of which I write. A free man on New Year's Day, enjoying the pleasures of a congenial club-life, four days later I found myself again under the lock and key of an asylum for the insane. Never had I enjoyed life in New York more than during those first days of that new year. To suffer so rude a change was, indeed, enough to inspire a feeling of discontent, if not despair; yet, aside from the momentary initial shock, my contentment was in no degree diminished. I can say with truth that I was as complacent the very moment I re-crossed the threshold of that "retreat" as I had been when crossing and recrossing at will the threshold of my club.

Of everything I thought and did during the interesting weeks which followed I have a complete record. The moment I accepted the inevitable, I determined to spend my time to good advantage. Knowing from experience that I must observe my own case, if I was to have any record of it, I provided myself in advance with note-books. In these, from day to day, I recorded, I might almost say, my every action, and every thought and fancy. The sane part of me, which fortunately was dominant, subjected its temporarily insane and unruly part to a sort of scientific scrutiny and surveillance. From morning till night I dogged the steps of my restless body and my more restless imagination. I observed the physical and mental symptoms which

I knew were characteristic of elation. An exquisite light-heartedness, a slight ringing in the ears, the varying dilation of the pupils of the eyes, my pulse, my weight, my appetite — all these I observed and recorded with a care that would have put to blush a majority of the doctors now working among the insane.

But this record of symptoms, though minute, is vague compared to my reckless analysis of my emotions. With a lack of reserve characteristic of my sublime mood, I described the joy of living, which, for the most part, then consisted of the joy of writing. And, even now, as I re-read my record, I feel that I cannot overstate the pleasure I found in surrendering myself completely to that controlling impulse. The excellence of my composition seemed to me beyond criticism. And as, to one in a state of elation, things are pretty much as they seem, I was able to experience the subtle delights which, I fancy, thrill the soul of a master. During this month of elation I wrote words enough to fill a book nearly as large as this one. Having found that each filling of my fountain pen was sufficient for the writing of about twenty-eight hundred words, I kept a record of the number of times I filled it. This minute calculation I carried to an extreme. If I wrote for fifty-nine minutes, and then read for seventeen, that fact I recorded. Thus, in my diary and out of it, I wrote and wrote, until the tips of my thumb and forefinger grew numb. As this numbness increased, and general weariness of the hand set in, there came a gradual flagging of my creative impulse, until a very sane unproductivity supervened. Thus I had and have now a safe mental barometer and can judge my degree of normality — for no one is absolutely normal — by the intensity of my desire to write. This is fortunate; for surely he who can detect an abnormal impulse in so innocent a manner, and correct

it when discovered, simply by writing it to sleep, is not likely to experience more trouble in this world than he whose inevitable ills present themselves in more conventional and usually painful ways.

The reader may well wonder in what my so-called insanity at this time consisted. Had I any of those impracticable delusions which had characterized my former period of elation? No, not one — unless an unreasonable haste to achieve my ambitions may be counted a delusion. My attention simply focused itself on my project. All other considerations seemed of little moment. My interest in business waned to the vanishing point. Yet, one thing should be noted: I did deliberately devote many hours to the consideration of business affairs. Realizing that one way to overcome an absorbing impulse is to divide the attention, I wrote a brief of the arguments I had so often presented to bankers. In this way I was able to convince the doctors that my intense interest in literature and reform would soon spend itself.

A consuming desire to effect reforms had been the determining factor when I calmly weighed the situation with a view to making the best possible use of my impulse to write. The events of the immediate past had convinced me that I could not hope to interest men of wealth and influence in my humanitarian project until I had some definite plan to submit for their leisurely consideration. Further, I had discovered that an attempt to approach these men directly disturbed my relatives and friends who had not yet learned to dissociate present intentions from past performances. I had, therefore, determined to drill myself in the art of composition to the end that I might write a story of my life which would merit publication. I felt that such a book, once written, would do its own work, regardless of my subse-

quent fortunes. Other books had spoken even from the grave; why should not my book so speak — if necessary?

With this thought in mind I began not only to read and write, but to test my impulse in order that I might discover if it were a genuine part of my being, an abnormal impulse, or a mere whim. I reasoned that to compare my own feelings toward and for literature, and my emotions experienced in the heat of composition, with the recorded feelings of successful men of letters, would give me a clue to the truth on this question. At this time I read several books of a nature that would have served as a basis for my deductions, but only one of them did I have time to analyze and note in my diary. That one was "Wit and Wisdom of the Earl of Beaconsfield." The following passages from the pen of Disraeli I transcribed in my diary with occasional comments.

"Remember who you are, and also that it is your duty to excel. Providence has given you a great lot. Think ever that you are born to perform great duties." This I interpreted in much the same spirit that I had interpreted the forty-fifth Psalm on a prior occasion.

"It was that noble ambition, the highest and best, that must be born in the heart, and organized in the brain, which will not let a man be content unless his intellectual power is recognized by his race, and desires that it should contribute to their welfare."

"Authors — the creators of opinion."

"What appear to be calamities are often the sources of fortune."

"Change is inevitable in a progressive country. Change is constant." ("Then why," was my recorded comment, "cannot the changes I propose to bring about, be brought about?")

"The author is, as we must ever remember, of peculiar

organization. He is a being born with a predisposition which with him is irresistible, the bent of which he cannot in any way avoid, whether it directs him to the abstruse researches of erudition or induces him to mount into the fervid and turbulent atmosphere of imagination." "This," I wrote (and I wrote it the day after arriving at the hospital) "is a fair diagnosis of my case as it stands to-day, assuming, of course, that an author is one who loves to write, and can write with ease, even though what he says may have no literary value. My past proves that my organization is a peculiar one. I have for years (two and a half) had a desire to achieve success along literary lines. I believe that, feeling as I do to-day, nothing can prevent my writing. If I had to make a choice at once between a sure success in the business career ahead of me, and doubtful success in the field of literature I would willingly, yes confidently, choose the latter. I have read many a time about successful writers who learned how to write, and by dint of hard work ground out their ideas. If these men could succeed, why should not a man who is in danger of being ground up by an excess of ideas and imagination succeed, when he seems able to put those ideas into fairly intelligible English? He should and will succeed."

Therefore, without delay, I began the course of experiment and practice which culminated within a few months in the first draft of my story. Wise enough to realize the advantages of a situation free from the annoying interruptions of the work-a-day world, I enjoyed a degree of liberty seldom enjoyed by those in possession of complete legal liberty and its attendant obligations. When I wished to read, write, talk, walk, sleep, or eat, I did the thing I wished. I went to the theater when the spirit moved me to do so, accompanied, of course, by an attendant, who, on such occasions, played the rôle of chum.

Friends called to see me, and at their own, or my suggestion, I was invited for dinner outside the walls of my "cloister." At one of these dinners an incident occurred which throws a clear light on my condition at the time. The friend, whose willing prisoner I was, had invited a common friend to join the party. The latter had not heard of my re-commitment. At my suggestion, he who shared my secret had agreed not to refer to my situation unless I first broached the subject. There was nothing strange in the fact that we three should meet. Just such impromptu celebrations had before occurred among us. We dined, and, as friends will, indulged in that exchange of thoughts which bespeaks intimacy. After hours of delectable communion I so shaped the conversation that a consideration of my past experiences and the possibility of their recurrence followed. The uninformed friend derided the idea.

"Then, if I were to tell you," said I, "that I am at this moment supposedly insane — at least not normal — and that when I leave you to-night I shall go direct to the very hospital where I was formerly confined, there to remain until the doctors pronounce me fit for freedom, what should you say?"

"I should say that you are a choice sort of liar," he retorted.

This genial insult I swallowed with gratification. It was, in truth, a timely and encouraging compliment, the force of which its giver failed to appreciate until my host had corroborated my statements.

If I could so favorably impress an intimate friend at a time when I was elated, it is not surprising that I should subsequently hold an interview with a comparative stranger — the cashier of a local bank — without betraying my condition. As business interviews go, this was in a class by

itself. While my attendant stood guard at the door, I, a registered inmate of an asylum, entered the banking room and talked with a level-headed banker. And that interview was not without effect in subsequent negotiations which led to the closing of a contract amounting to one hundred and fifty thousand dollars.

The very day I re-entered the hospital I stopped on the way at a local hotel and procured some of the hostelry's stationery. By using this in the writing of personal and business letters I managed to conceal my condition and my whereabouts from all except near relatives, and a few intimate friends who shared the secret. I quite enjoyed leading this legitimate double-life. The situation appealed (not in vain) to my sense of humor. Many a sly laugh did I indulge in when I closed a letter with such ambiguous phrases as the following: "Matters of importance necessitate my remaining where I am for an indefinite period." . . . "A situation has recently arisen which will delay my intended trip South. As soon as I have closed a certain contract [having in mind my contract to re-establish my sanity] I shall again take to the road." . . . To this day few friends or acquaintances know that I was in semi-exile during the month of January, 1905. My desire to suppress the fact was not due, as already intimated, to any sensitiveness regarding the subject of insanity. What afterwards justified my course was that on regaining my freedom I was able, without embarrassment, again to take up my work. Within a month of my voluntary commitment, that is, in February, I started on business for the Central West and South where I remained until the following July. During those months I felt perfectly well, and have remained in excellent health ever since.

This second and last hospital experience was most for-

tunate. It came at a time and in a manner to furnish me with strong arguments wherewith to support my contention that madmen are too often man-made, and that he who is potentially a madman may keep a saving grip on his own reason if he be fortunate enough to receive that kindly and intelligent treatment to which one on the brink of chaos is of right entitled. Though during this second period of elation I was never in a mood so reckless as that which obtained immediately after my recovery from depression in August, 1902, I was at least so excitable that, had those in authority attempted to impose upon me, I should have thrown discretion to the winds. To them, indeed, I frankly reiterated a terse dictum which I had coined during my first period of elation. "Just press the button of Injustice," said I, "and I'll do the rest!" This I meant, for fear of punishment does not restrain a man in the dare-devil grip of elation.

What fostered my self-control was a sense of gratitude. The doctors and attendants treated me as a gentleman. Therefore it was not difficult to prove myself one. But, had they for one moment treated me as a criminal, or a dumb brute, I should have resented their action as vigorously as I had the action of their predecessors upon prior occasions. Instead of regaining my normal poise and securing a complete freedom within a month, in all probability I should have gone from bad to worse, lashing myself into a justifiable fury that undoubtedly would have necessitated my being confined for perhaps an indefinite period. Fortunately, my case was treated on its merits. I was given individual treatment. My every whim was at least considered with a politeness which enabled me to accept a denial with a highly sane equanimity. Aside from mild tonics I took no other medicine than that most beneficial sort which

inheres in kindness. The feeling that, though a prisoner, I could still command obligations from others, led me to recognize my own reciprocal obligations, and was a constant source of delight. The doctors, by proving their title to that confidence which I tentatively gave them upon re-entering the institution, had no difficulty in convincing me that a temporary curtailment of privileges was for my own good. They all evinced a consistent desire to trust me. In return I trusted them. Nothing so well illustrates my proper treatment, day in and day out, as the fact that I cannot now recall a single denial of a request. Though not a few of my requests were denied, my confidence, at the time, that the denials were fair, has obscured the remembrance of them. My case was a mild one; but I should have fought my way again to freedom had I been met with that curt unreasonableness which characterized the attitude of the doctor who had charge of me during my first period of confinement in this hospital. Doctors and attendants who think it a thankless task to attempt to gain the confidence and good-will of a patient at the beginning of his confinement will do well to ponder the contrast afforded by my actions during my first and my last period of elation; and especially should they remember that psychiatrists of wide experience and the highest standing affirm that an elated or maniacal condition is inevitably aggravated by unsound and tactless treatment. Indeed, one authority with whom I discussed this point went so far as to say that whether an elated patient shall become a madman — and potential enemy — or a fairly obedient and interesting friend depends, in a majority of cases, upon the capacity and attitude of the persons in charge of him. This significant fact granted, are not the hospital authorities largely responsible for the perpetuation of the dread of institutions wherein the insane are confined,

and will not this dread be kept alive until the thousands of recoverable cases treated each year are so intelligently cared for that, upon discharge, "ex-inmates" may speak well, rather than ill, of an institution and the men in authority?

XXXV

On leaving the hospital and resuming my travels, I felt sure that any one of several magazines or newspapers would willingly have had me conduct my campaign under its nervously commercial auspices; but a flash-in-the-pan method did not appeal to me. Those noxious growths, Incompetence, Abuse, and Injustice, had not only to be cut down, but rooted out. Therefore, I clung to my determination to write a book — an instrument of attack which, if it cuts and tears at all, does so as long as the need exists. Inasmuch as I knew that I still had to learn how to write I approached my task with deliberation. I planned to do two things: first, to crystallize my thoughts by discussion — telling the story of my life whenever, in my travels, I should meet any person who inspired my confidence; second, while the subject-matter of my book was shaping itself in my mind, to drill myself by carrying out a letter-writing campaign. Both these things I did — as certain indulgent friends who bore the brunt of my spoken and written discourse can certify. I feared the less to be dubbed a bore, and I hesitated the less perhaps to impose upon good nature, because of my firm conviction that one in a position to help the many was himself entitled to the help of the few.

I wrote scores of letters of great length. I cared little if some of my friends should conclude that I had been born a century too late; for, without them as confidants, I must write with no more inspiring object in view than the waste-basket. Indeed, I found it difficult to compose without

keeping before me the image of a friend. Having stipulated that every letter should be returned upon demand, I wrote without reserve — my imagination had free rein. I wrote as I thought, and I thought as I pleased. The result was that within six months I found myself writing with a facility which hitherto had obtained only during elation. At first I was suspicious of this new-found and apparently permanent ease of expression — so suspicious that I set about diagnosing my physical symptoms. My self-examination convinced me that I was, in fact, quite normal. I had no irresistible desire to write, nor was there any suggestion of that exalting light-heartedness which characterizes elation. Further, after a prolonged period of composition, I experienced a comforting sense of exhaustion which I had not known while elated. I therefore concluded — and rightly — that my unwonted facility was the product of practice. At last I found myself able to conceive an idea and immediately transfer it to paper.

In July, 1905, I came to the conclusion that the time for beginning my book was at hand. Nevertheless, I found it difficult to set a definite date. About this time I so arranged my itinerary that I was able to enjoy two summer — though stormy — nights and a day at the Summit House on Mount Washington. What better, thought I, than to begin my book on a plane so high as to be appropriate to this noble summit? I therefore began to compose a dedication. "To Humanity" was as far as I got. There the Muse forsook me.

But, returning to earth and going about my business, I soon again found myself in the midst of inspiring natural surroundings — the Berkshire Hills. At this juncture Man came to the assistance of Nature, and perhaps with an unconsciousness equal to her own. It was a chance remark

made by an eminent man that aroused my subconscious literary personality to irresistible action. I had long wished to discuss my project with a man of deserved reputation, and if his reputation were international, so much the better. I desired the unbiased opinion of a judicial mind. Opportunely, I learned that the Hon. Joseph H. Choate was then at his summer residence at Stockbridge, Massachusetts. Now, I need offer no proof that Mr. Choate, like some eighty odd millions of others, had never heard of me. Neither had I a letter of introduction. But the exigencies of the occasion demanded that I conjure up one. Wishing can do much, for a burning desire can only be quenched by performance. The result was, I wrote my own letter of introduction and sent it:

RED LION INN,
STOCKBRIDGE, MASS.
August 18, 1906.

HON. JOSEPH H. CHOATE,
Stockbridge, Massachusetts.

DEAR SIR: —

Though I might present myself at your door, armed with one of society's unfair skelcton-keys — a letter of introduction — I prefer to approach you as I now do: simply as a young man who honestly feels entitled to at least five minutes of your time, and as many minutes more as you care to grant because of your interest in the subject to be discussed.

I look to you at this time for your opinion as to the value of some ideas of mine, and the feasibility of certain schemes based on them.

A few months ago I talked with President Hadley of Yale, and briefly outlined my plans. He admitted that many of them seemed feasible and would, if carried out, add much to the sum-total of human happiness. His only criticism was that they were "too comprehensive."

Not until I have staggered an imagination of the highest type will I admit that I am trying to do too much. Should you refuse to see me, believe me, when I tell you that you will still be, as you are at this moment, the unconscious possessor of my sincere respect.

Business engagements necessitate my leaving here early on Monday next. Should you care to communicate with me, word sent in care of this hotel will reach me promptly.

Yours very truly,
CLIFFORD W. BEERS.

Within an hour I had received the following reply:

STOCKBRIDGE, MASS.,
Friday evening.

CLIFFORD W. BEERS, ESQ.,

DEAR SIR: —

Your note of to-day rec'd. I will see you here for a few minutes to-morrow morning at ten o'clock.

Yours truly,
JOSEPH H. CHOATE.

The next morning at ten o'clock, the door, whose lock I had picked with a pen, opened before me and I was ushered into the presence of Mr. Choate. He was graciousness itself — but pointed significantly at a heap of unanswered correspondence lying before him. I took the hint and within ten minutes briefly outlined my purpose. After pronouncing my project a "commendable one," Mr. Choate offered the suggestion that produced results. Said he: "If you will submit your ideas in writing I shall be glad to read your manuscript and assist you in any way I can. To fully consider your scheme would require several hours, and busy men cannot very well give you so much time. What they can do is to read your manuscript during their leisure moments."

Thus it was that Mr. Choate, by granting the interview, contributed to an earlier fruition of my plans. One week later I began the composition of this book. My action was

unpremeditated, as my quitting Boston for less attractive Worcester proves. That very day, finding myself with a day and a half of leisure before me, I decided to tempt the Muse and compel myself to prove that my pen was, in truth, "the tongue of a ready writer." A stranger in the city, I went to a school of stenography and there secured the services of a young man who, though inexperienced in his art, was more skilled in catching thoughts as they took wing than I was in the art of setting them free. Except in the writing of one or two conventional business letters, never before had I dictated to a stenographer. After I had startled him into an attentive mood by briefly outlining my past career and present purpose, I worked without any definite plan or brief, or reference to data. My narrative was therefore digressive and only roughly chronological. But it served to get my material before my own eyes for future shaping. At this task I hammered away three or four hours a day for a period of five weeks.

It so happened that Mr. Choate arrived at the same hotel on the same day with myself, so that some of the toil he had inspired went on in his proximity, if not in his presence; but I studiously kept out of his sight, lest he think me a "crank" on the subject of reform, bent on persecuting his leisure.

As the work progressed my facility increased — in fact, I soon called in an additional stenographer to help in the snaring of my flying thoughts. This excessive productivity caused me to pause and again to diagnose my condition. I could not fail now to recognize in myself symptoms hardly distinguishable from those which had obtained eight months earlier when it had been deemed expedient temporarily to restrict my freedom. But I had grown wise in adversity. Rather than interrupt my manuscript short of completion I

decided to avail myself of a vacation that was due, and remain without the borders of my native State — this, so that well-meaning but perhaps over-zealous relatives might be spared unnecessary anxiety, and I myself be spared possible unwarranted restrictions. I was by no means certain as to the degree of mental excitement that would result from such continuous mental application; nor did I much care, so long as I accomplished my task. However, as I knew that "possession is nine points of the law," I decided to maintain my advantage by remaining in my literary fortress. And my resolve was further strengthened by certain cherished sentiments expressed by John Stuart Mill in his essay "On Liberty," — an essay which I have read and re-read with an interest born of experience.

At last the draft was completed. After a timely remittance (for, in strict accordance with the traditions of the craft, I had exhausted my financial resources) I started for home — with a sigh of relief. For months I had been under the burden of a conscious obligation. My memory, stored with information which, if rightly used, could, I believed, brighten unhappy lives, was to me as a basket of eggs which it was my duty to balance on a head whose poise was none too certain. One by one, during the preceding five weeks, I had gently lifted each thought from its resting-place, until my worrisome burden had been so shifted as to admit of its being imposed upon the public conscience.

After I had lived over again the trials and the tortures of my unhappiest years — which was of course necessary in plowing and harrowing a memory, happily retentive — the completion of the draft left me exhausted. But after a trip to New York, whither I went to convince my employers that I should be granted a further leave-of-absence, I resumed work. The ground for this added favor was that my

manuscript was too crude to submit to any but intimate acquaintances. Knowing perhaps that a business man with a literary bee buzzing in his ear is, for the time, no business man at all, my employers readily agreed that I should do as I pleased during the month of October. They also believed me entitled to the favor, recognizing the force of my belief that I had a high obligation to discharge.

It was under the family roof-tree that I now set up my literary shop. Nine months earlier an unwonted interest in literature and reform had sent me to an asylum. That I should now in my own home be able to work out my destiny without unduly disturbing the peace of mind of relatives was a considerable satisfaction. In the very room where, during June, 1900, my reason had forsaken me, I re-dictated my account of that reason's experiences. It was concerning this draft that I received a good while afterward the first of the two letters from Professor William James of Harvard University, which appear in the Introduction to this book.

My leave-of-absence ended, I resumed my travels eagerly; for I wished to cool my brain by daily contact with the more prosaic minds of men of business. I went South. For a time I banished all thoughts of my book and project. But after some months of this change of occupation, which I thoroughly enjoyed, I found leisure in the course of wide travels to take up the work of revision. My hours of leisure I devoted more, however, to reading than to writing. The "excess baggage" which at times I had to pay, was occasioned by what I irreverently called "several pounds of rhetoric." For, though Professor James had paid me the compliment of advising me not to re-write my story, I fear his advice must have been prompted by a doubt as to my ability to improve my composition, rather than the conviction that my crude draft was an excellent performance.

That draft I submitted to all sorts and conditions of minds (in accordance with Mill's dictum: that only in that way can the truth be obtained). And it is at this point in my narrative, rather than in the dusty corners of the usual preface, that I wish to express my obligation to one critic and helper — my former school-fellow, Mr. Herbert Wescott Fisher. It was he who led me to see my need of technical training, neglected in earlier years. To be exact, however, I must confess that I read rather than studied rhetoric. Close application to its rules served only to discourage me, so I but lazily skimmed these worthy works. But my rediscovered friend did more than direct me to sources. He proved to be the kindly mean, between the two extremes of stranger and intimate. I was a prophet not without honor in his eyes. Upon my embarrassing wealth of material he brought to bear his practical knowledge of the workmanship of writing. My debt to him, in which the reader is a sharer, is almost beyond repayment. Scarcely a paragraph in this book is not the better for his direct touch. And my own drafting of the later parts has been so improved by the practice I have received under his scrupulous direction that he has had little fault to find with them.

Nothing would please me more than to express specifically my indebtedness to many others who have assisted me in the preparation of my work. But, aside from calling attention to the fact that the managements of the two hospitals so fully discussed have exhibited rare magnanimity (even going so far as to write letters which have helped me in my work), and, further, acknowledging anonymously (the list is too long for explicit mention) the invaluable advice given me by scientists who have made my work authoritative, I must be content to indite an all-embracing acknowledgment. Therefore, and with distinct pleasure, I hereby emphasize the fact that the

active encouragement of casual but trusted acquaintances, the inspiring indifference of unconvinced intimates, and the kindly scepticism of indulgent relatives, who, perforce, could do naught but obey an immutable law of blood-related minds, — all these influences conspired to render more sure the accomplishment of my heart's desire.

And now the reader nears the end of my life-story. But, before closing this intimate part of my plea for justice long-delayed, I feel that it is my privilege, as it is my duty, to impress upon the reader that he has, unconsciously perhaps, assumed part of the burden which in the very telling of my story I have shifted to the shoulders of the many. If the reader does not now feel that he would like to do something to help those unfortunates for whom I speak, then either I have failed to present my story convincingly, or the reader's love of fair play and his moral nature are of a false kind.

PART IV

XXXVI

One in telling such a story as mine owes it to the public to offer a feasible remedy for the evils disclosed. Especially is he under obligation to the relatives and friends of the insane, for a description of heart-rending conditions, offered without hope of correction, cannot but be painful to those most vitally interested in the problem. My obligation in mind, I have spared no effort to make this book authoritative. Alienists, psychologists, neurologists, pathologists, hospital officials, practical sociologists and organizers have been consulted. Indeed, as many as fifty persons, representing the more important activities of life, have read my work — in part or entirety — while it was in manuscript or the form of printed proof; and a goodly number of this small army of critics and advisers have found such delight in using the blue pencil of correction that I may now present my book and project with a sense of security which can come only to one whose work has been tried by fire — in private. To these unnamed critics my debt (and the reader's, I believe) is very great.

By this time two paramount questions have no doubt arisen in the mind of the reader: First, is there in the problem of managing and treating the insane an inherent difficulty which will forever prevent the correction of such abuses and deficiencies as have been discussed in this book? Second, if not, how may the individual assume part of the burden which in the telling of my story has been shifted to the shoulders of the many?

An emphatic answer to the first question may be given. *No inherent difficulty* stands in the way of the universal correction of all abuses and deficiencies of treatment complained of in this book — unless it be the inherent apathy of a public which for centuries has failed to do its duty by the insane. Proof of the soundness of this conclusion may be found in the fact that at this moment an encouraging number of our hospitals for the insane are so ably managed that abuses, common in the poorly managed ones, rarely occur in institutions of the approved class. Freedom from the supposedly inevitable evils complained of may usually be traced and rightly attributed to the character and capacity of the man at the head of a given hospital. A high-minded, efficient superintendent, regardless of the apathy of the public, the costly economy of ill-informed legislators, or inadequate, even crude, material equipment of the hospital itself, may so conduct his institution as to protect his insane wards against physical abuse, indignities, and what, in so many cases, amounts to criminal neglect of patients scarcely able to help themselves.

Surely the situation is by no means hopeless, so long as a superintendent of the right type can (almost single-handed) overcome a sufficient number of the inevitable difficulties to raise the standard of treatment in his institution to a humane level. For, if the efficient few, working under such unfavorable conditions as obtain generally to-day, can convert their respective hospitals into the semblance of model ones, how absurd to contend that there can be found among the more than one hundred thousand physicians in this country, fewer than four hundred men capable of assuming the responsibilities of a superintendency? When intelligent and non-political care in the selection of superintendents shall be rigorously and universally exercised, then, threats,

curses, camisoles, muffs, straps, unwarranted seclusion, illegal exile and physical abuse in general will take their belated place in history along with the horrors of the Dark Ages.

For bringing about the reforms which, of necessity, must precede any such correction of century-old abuses, the interest of every right-thinking person in this country must be enlisted. Few, indeed, are endowed with great riches. Few are able to convert their best impulses into an acceptable medium of exchange. But every man and woman can lend a hand, or at least speak a word. Our subject has for generations been neglected. It is the discussion of it that will create and mold Public Opinion, and Public Opinion, vigorously expressed, will, more than any other factor, tend to correct the evils I have denounced. Has my story utterly failed of its purpose? If it has stirred your sympathy it is your duty to give expression to this aroused interest, not to *me*, but to everybody within your sphere of influence. Continual and sincere expression will wear away that rock of indifference against which the distressed souls and abused bodies of the insane have been bruised for centuries. Has my story — not as the story of *my* life, but as representing the experiences of thousands of others still living and of thousands whose terrible secrets died with them — has this story, I say, aroused within you the healthy desire to contribute at least your influence to the corrective and overwhelming force of Public Opinion? If so, your duty is plain.

Individual assistance may be given in an easy way. Let each convinced reader of this book be prepared to send his name and address to whatever "Society," "Association" or "Committee," may be organized when the necessity for its existence has been brought home to the public. These names, in the aggregate, will form a mighty petition,

the force of which no Federal or State official — or Committee of Investigation, will care or dare to ignore. Thus, for the first time in history, legislators throughout the land will have impressed upon them the fact that the public desires hospital managements to have support — such support as will enable them to discharge their obligations to the public — and discharge them in a manner that will bring credit, not disgrace, to a nation distinguished for its love of fair play.

If the individual may be enlisted in the work of reform, so may the Federal Government. I trust that in this I do not fall into the delusional fad which now seems to prevail of turning to Washington as the panacea for all the States' shortcomings. But, the principal business and justification of government is the protection of the weak against the strong, and, naturally, there are some things which the Federal Government can do better than any other agency. Everyone knows that through its Department of Agriculture this Nation each year expends many thousands of dollars in economically sound endeavors to exterminate the parasites which prey upon valuable plant and animal life. To annihilate the gypsy-moth in Massachusetts and the cattle-destroying tick in Texas, fortunes have been spent. All crops, except the crop upon which prosperity itself depends — the brain crop — have received, or are about to receive, their due protection at the hands of the Government. Yet generation after generation the health of men's minds has been neglected.

An effective beginning might be made if the Government would establish a Federal Commission for the adequate statistical investigation of insanity.[1] Such a Commission,

[1] See Appendix III for quotations from a report issued (July, 1906) by the Department of Commerce and Labor under the heading: "Insane and

supported by governmental prestige and having at its disposal the wonderful machinery of the Census Bureau, could secure information which would be denied any private agency. And later, similar Commissions representing the nations of the world could form an International Commission which should become a clearing-house for the world's best thought on the subject of insanity, its cause, cure, and eventual defeat as a common foe to mankind.

A permanent agency for reform and education in the field of nervous and mental diseases is one of the great needs of the day. Such an agency — whatever its form — could do in its own field what the National Society for the Prevention and Cure of Tuberculosis has done, and is doing, in its sphere of activity. Though the improvement of conditions among those actually insane and confined should ever be an important factor in shaping the policy of such an organization, its most important work would be the waging of an educative war against the prevailing ignorance regarding insanity. This, to cure the disease by preventing it, is the only effective cure known. The watchword of such an organization might well be the significant phrase: Mental Hygiene. Its purpose: the spreading of a common-sense gospel of right thinking in order to bring about right living, knowledge of which is needed by the public at large if the population of our asylums is to be controlled and eventually decreased. A campaign of education, rigorously carried on, would, in time,

Feeble-minded in Hospitals and Institutions, 1904." The compiler of this report complains of the inadequate data on which he had to base his conclusions.

lead to the rescue of thousands who, if left in ignorance, must, of necessity, drift into a state of actual and perhaps incurable insanity. Editors, ministers, educators, philanthropists, and members of the medical profession, as well, could do much to further such a work of enlightenment.

Having promised the reader a "remedy," I dare to offer a definite recommendation, based on the advice of interested supporters who, for years, have been actively engaged in successful works of reform and education. I suggest that a "National Committee" (modeled after the very efficient "National Child Labor Committee") shall, without delay, be brought to a working perfection. Such a "Committee" could co-operate with Federal, State, and local agencies — and do so in such a manner that representative men and women in each State may, when it takes shape, control the movement in their respective communities.

The ramifications of the proposed organization would be so numerous as not to admit of detailed description here. Suffice it to say that the "National Committee for Mental Hygiene" (I present the name for consideration) would be equally the friend of the physician and the patient; also the friend of a patient's relatives, to whom, when burdened with an actual or impending affliction, it would become an unfailing source of information, advice, and comfort. In a word, it would be a friend to Humanity, for no man knows when he himself may have to look to it for assistance.

XXXVII

THE history of the development of Non-Restraint is intensely interesting, but too long a story to admit of its incorporation in this book. However, the reader may gain a comprehensive idea of the inception of this humane principle, its scientific value and practicability, if he will but turn to Appendix I and read the opinion of an earnest believer in Non-Restraint, Dr. Charles W. Page, Superintendent of the Danvers State Hospital for the Insane, at Hathorne, Massachusetts. An active superintendent of wide experience, he testifies that since deliberately introducing Non-Restraint, "I have been responsible for the custody and treatment of more than six thousand insane persons, not one of whom was restrained with mechanical appliances by my orders or within my knowledge." How, then, can any superintendents, worthy of support, continue to use apologetically that cruel method which they dare not freely advocate? The mere fact that their attitude is apologetic proves that these unprogressive men (to use a mild term) can be converted, provided Public Opinion will do its right work.

Though the universal adoption and continued use of Non-Restraint will contribute to the well-being, even happiness, of the inmates of our hospitals, its use alone cannot materially decrease the total number of insane persons, except in so far as the resulting recoveries will more than offset the average greater number of years a patient is likely to live in an institution where he is treated kindly and scientifically from

the moment of commitment. Of course, if, in a supposedly humane age, it is the policy of the public to treat the unfortunate insane harshly, even brutally, with the hope of killing some and cutting short the lives of others, destined to live long under favorable conditions, Restraint is the method of treatment to use, and the more cruel and repressive it is, the easier will it be for some cold-blooded calculator to prove that by its means, money has been saved the State. But it will be at the cost of killing many patients who might recover; and, further, such an accountant in arriving at his heartless result would certainly have to disregard the economically sound law that it is cheaper for the State to spend any amount of money for the prevention and cure of insanity than it is to neglect those threatened or afflicted with it.

It is evident, therefore, that insanity, if it is ever to be conquered, must be attacked along lines not commonly followed to-day. As to the method of attack to adopt there can be no argument, for the masters of medical education in every country on the continent of Europe have proved the practicability and value of the plan in question. What is needed in order to reach the root of the problem of insanity is the establishing of so-called Psychiatric or Psychopathic Hospitals in connection with our Medical Schools, — hospitals wherein nervous and mental diseases may be treated in the most scientific manner, not only for the benefit of the patients, but also for the benefit of physicians and students. What a leap forward in humanitarian endeavor it would be if each university, so situated and organized as to warrant it, should have under its everlasting protection a modern Psychopathic Hospital! (Have not seats of learning outlasted seats of government?) And what could be more appropriate than the restoration

of lost reasons under the hospitable protection of the very institutions wherein reason itself is trained to do its right work? Thus will it become possible to instruct the medical profession generally in psychiatry or psychopathology — a branch of medicine about which thousands of physicians know little, — or, in many instances, nothing at all. In addition, numberless persons threatened with mental collapse, or actually insane, will then receive the benefit of prompt and scientific treatment at a time when the mental life of the afflicted one hangs in the balance. Further, Psychopathic Hospitals will enable scientists to *study* insanity; and such institutions, by setting a high standard, will soon raise the standard of treatment throughout the country.

The necessity for such modern hospitals may be appreciated when an accredited authority in this country on matters pertaining to medical education (Dr. William H. Welch of Johns Hopkins University) can say, as he did to the writer of this book: "The most urgent need in medical education in America, to-day, is the need of Psychiatric Clinics (Psychopathic Hospitals) where medical students, and physicians as well, may benefit by instruction in psychiatry, and where scientific research into the cause and cure of insanity may be carried on unceasingly."

When the fact is considered that each university in Germany, France, Italy, Switzerland, Austria, Russia, Norway, Sweden, Denmark, Holland, Belgium, Brazil, Argentine Republic and Japan, *at the present time*, has a psychiatric clinic under its own control, and that no physician in most of these countries may practice medicine until he has passed a satisfactory examination in psychiatry, the disgraceful state of affairs existing in this, the richest nation in the world, may be the more readily appreciated. In Germany a system of state-supported sanatoriums has long been in

successful operation. These institutions, however, are not open to those afflicted with a developed mental disease. They are designed for the exclusive use of those *threatened* with mental collapse. The Germans engage in the rescuing of those threatened with insanity because they have been wise enough to realize that it is cheaper to help the individual back to health than to let him break down completely and live, perhaps for years, a burden on the State.

In the light of such embarrassing facts, it is indeed high time that the United States of America should prove itself the vauntedly progressive nation it is supposed to be, by taking hold of the neglected problem of insanity, and, through its several State Legislatures, bringing into existence Psychopathic Hospitals of the type described in the interesting U. S. Consular Report on the Munich Clinic, quoted in full in Appendix II. That the movement toward the erection of such model hospitals is already under way is a fact, and those who know the field predict that within five years a majority of the States will be operating institutions of the desired type, and that within a decade no State will be without at least one Psychopathic Hospital of its own.[1] Thus far, Michigan is the only State in the Union to erect a modern Psychopathic Hospital. New York, however, has taken steps toward the erection of one, a well-meant though totally inadequate appropriation having been voted for the purpose.[2]

[1] In the year 1906, at a cost of about $75,000, a hospital of this type was brought under the control of the University Hospital at Ann Arbor, Michigan. Because of the close relations existing between the State authorities and those of the University (of Michigan), this new institution, though virtually a part of the University, is at the same time a part of the system of State Hospitals.

[2] If this State will appropriate, say, $1,000,000 instead of the comparatively paltry $300,000 already voted, New York City will have

As the location of this particular type of hospital is of vital importance, I shall here venture to emphasize an underlying principle which cannot be safely ignored when the selection of a site for such an institution comes up for decision. After discussing this subject with alienists, superintendents and assistant physicians of hospitals for the insane, and with certain recognized authorities on the needs of the insane, I am led to the sure conclusion that Psychopathic Hospitals *erected at the expense of the State* should be made a part of the existing hospital system. No State Hospital can hope to fulfil its functions properly until it has under its control, and within easy reach — that is, within the hospital confines — a separate building erected for the purpose of treating acute cases of insanity, either newly-admitted ones, or so-called chronic cases during recurrent, acute periods of depression or excitement. Patients of the latter class are numerous in our large hospitals, and when a management, because of inadequate equipment, has to treat such cases in the wards with patients less disturbed, a great injustice is done not only to the "acute cases" but to all other patients who are forced to live in the same ward with them. Failure on the part of those in authority to provide each State Hospital for the Insane with a Psychopathic Hospital or Pavilion (by which is meant a separate building, or group of small buildings) will bring about a result which it is painful even to contemplate; for the moment the Psychopathic Hospital is set apart as a favored type of institution, that moment will the State Hospitals or asylums, so-called, sink — in the estimation of the public — to a level far below the level of the worst managed asylum at present in existence. To adopt a policy which would

what it so richly deserves — a modern hospital as good as the one at Munich.

widen the already great gulf that exists between general hospitals and asylums would undo in a day the work of a century. I have criticised with a considerable, yet merited, severity, our State Hospitals for the Insane; nevertheless, these two hundred and odd hospitals, erected at a cost to the Nation of over one hundred millions of dollars, constitute the nucleus of what will, in time, — if rightly managed — become the most perfect hospital system in the world. Continue to force the several managements to minister to the insane with hospitals which lack that most essential remedial feature, the Psychopathic Pavilion, and the dread of insanity and asylums which of late years (I am thankful to be able to record) has grown noticeably and hopefully weaker, will not only be perpetuated — it will be cruelly and needlessly intensified! But let the many States in the Union which shall erect Psychopathic Hospitals during the ensuing decade make a beginning by adding to our existing asylums adequate treatment divisions, and the present dread of insanity, and the dread of asylums, will, in a relatively short time, be reduced to an intelligent minimum. Then ordinary asylums, instead of continuing to rank as mere prison-houses, will rise to the level of the best of our general hospitals, and eventually they will become a source of justifiable pride to the Nation.

I would not have it thought that I favor the building of Psychopathic Hospitals only where they may be brought under the control of a state hospital already established. My advice in that connection had to do only with appropriations that shall be made during the next few years by State Legislatures. When it comes to philanthropic work that may be done by individuals of vast wealth, or by bodies of public-spirited men and women for the benefit of their respective communities, the suggestion I have to make is quite

different. At first, money secured from private sources should go toward the building and endowing of Psychopathic Hospitals, which preferably may be brought under the control of those universities which have medical departments.

Cities where there are universities, and the larger and wealthier cities throughout the country, will before long have such institutions; but the smaller cities — even some having from one hundred to three hundred thousand inhabitants — will be unable to secure or maintain independent Psychopathic Hospitals. As each community owes it to itself to make provision for the prompt treatment of cases of incipient insanity, and thus spare the individual the ordeal of commitment as an incompetent, it is fortunate that relief is at hand for such cities as cannot maintain a modern Psychopathic Hospital. Here the so-called General Hospital may be put to full use. Separate buildings, or pavilions, may be erected and maintained at comparatively slight cost, as has already been proved by the success of the Psychopathic Hospital at Ann Arbor, Michigan. That is to say, for considerably less than $100,000 an efficient department of Mental and Nervous diseases may be organized and brought under the control of any well managed General Hospital. Though there is but one General Hospital in the country where this problem has been worked out, the results of what five years ago was an experiment have justified the rather startling venture made by the pioneer in this important work.[1] Dr. J. Montgomery Mosher, Specialist in Nervous and Mental Diseases at the Albany Hospital, Albany,

[1] At Bellevue Hospital (New York City) cases of insanity are received and held pending examination and transfer. As few patients remain longer than five days in this Psychopathic Ward, the ward becomes little more than a clearing-house for trouble — not an agency for cure.

N. Y., is the man who has had the courage and good sense to go ahead and prove that a General Hospital should and can receive and treat mental diseases as successfully as the diseases which are now treated without question in such institutions. In Pavilion F, at the Albany Hospital, remarkable results have been obtained during the five years it has been in operation. This is proved by a passage from an address by Dr. Mosher delivered before the 34th National Conference of Charities and Corrections at Minneapolis, Minnesota, June 18th, 1907. He says:

"From February 18th, 1902, the day of the first admission, to February 28th, 1907, one thousand thirty patients have entered the building (Pavilion F). Of these five hundred and ninety-six have returned to their homes recovered and improved; three hundred and sixteen have remained stationary, and eighty-six have died. Two hundred and forty-five have been transferred to institutions for the insane; of these, one hundred and twenty-six were sent to Pavilion F for detention during the legal proceedings, and one hundred and eighteen were committed after a period of observation. It thus appears that nine hundred and five patients have been under treatment without legal process, one hundred and eighteen of whom it became necessary to commit later to institutions for the insane.

"If this special provision for the treatment of the mentally deranged had not been made in the Albany Hospital, then these nine hundred and eight patients would either have had to be improperly treated at home, or would have been committed after a probably harmful development of the disease. It is impossible to judge how many have been saved from an unnecessary commitment."

I urge the reader to turn to Appendix IV where he will find Dr. Mosher's address in full. It will prove that

General Hospitals throughout the country should begin to receive and treat nervous and mental diseases as is now being done with success at the General Hospital at Albany.

XXXVIII

Given Psychopathic Hospitals and "Mental Wards" or "Pavilions" at our General Hospitals, there still remains another type of institution to be added if patients with a chance for recovery are to receive the treatment they deserve. Statistics show that twenty per cent of those who recover from an attack of insanity recover after having been confined in a hospital or asylum for a year or more. Obviously, recoverable cases cannot remain for that length of time in a Psychopathic Hospital or in a "Mental Ward" in a General Hospital. The hospital or "Pavilion" with a limited number of beds (and it will be many years before there are a sufficient number of Psychopathic Hospitals to supply the demand for accommodations) must, of necessity, keep its population moving if the acute cases occurring every day are to be received and given treatment at a time when the lives — mental lives, at least — of the afflicted ones hang in the balance. To make room for new cases, the hopeful and convalescent cases must be transferred to the homes of the patients — there to disorganize and distress the households; or they must be transferred to an asylum; or, provided the expense can be borne, transferred to a private hospital or sanatorium. This state of affairs lays bare a fault which should be corrected without delay. It is evident, therefore, that an intermediate type of institution state-supported, co-operatively managed, or endowed, should be brought into the field.

Here the model sanatorium — a place of considerable

freedom — should intervene. In time the several States (following the enlightened example of Germany) will no doubt erect such institutions, but so much remains to be done by the States in the way of improving existing State Hospitals and asylums that the immediate creation of these indispensable adjuncts to a perfect hospital system must be undertaken by public-spirited citizens, possessed of wealth and the impulse to spend it for the good of those less fortunate. If one man, Mr. D. O. Mills of New York, may erect and operate, at a fair return on his investment, hotels which provide self-respecting poor with wholesome surroundings and good food, and still charge only nominal rates for the accommodations, why may not philanthropy and business be likewise combined for the benefit of those threatened with nervous or mental collapse? This class would include those who, after treatment in a Psychopathic Hospital, must continue treatment of some kind for the few months which will elapse before they are again in condition to engage in gainful occupation. In suggesting that the "Mills Hotel Plan" be applied to the sanatorium field, I think I am on safe ground; and I trust that individuals of wealth will turn their attention to a field so rich in possibilities that it may be worked at a profit that can be measured not only in money, but in service to mankind.

Perhaps, if I give an added chapter of my experiences, those in a position to correct a great evil will be the more ready to undertake the work.

XXXIX

THE particular evil I have referred to at the end of the preceding chapter is the heartless way in which many owners of private hospitals and sanatoriums take advantage of people in distress. Knowing that the relatives of an insane person will seldom place him in a public institution until their resources are completely exhausted, these owners proceed to drive almost as sharp a bargain as they would were they trading horses with a known trickster. The desire to succor distressed relatives is an emotion scarcely known to this type of man. Commercialism, not philanthropy, is his passion. "Pay the price or place your relative in a public institution!" is the burden of his discordant song before commitment. "Pay, or get out!" is his jarring refrain when satisfied that he has exhausted the family resources.

Though I am well within my rights in criticising the quality of heart exhibited by typical owners of such institutions as *are run for personal gain*, it is only fair to point out that this hardness of heart of the individual is but a chip off the stumbling-block of public apathy. So long as the public refuses or neglects to establish hospitals where the insane may receive the best of treatment at minimum cost, is it reasonable to expect individuals to invest fortunes in a responsible and irksome work unless they see the chance to extort an unfair return? Assuredly not. In fact, these owners, by much and continued thought, have tricked themselves into the belief that they are indeed public benefactors

— wherein they are not entirely wrong, for they have, in a measure, filled the gap that exists in our hospital system of to-day.

Do you imagine that I speak with undue severity? Let me then refer to certain hitherto unrecorded incidents in my own life. They occurred while I was an inmate of a private sanatorium of the type condemned. The institution in question, though by no means deserving of rank among the best, is one of the largest of its kind in this country. From a modest beginning, made not many years ago, it has enjoyed a mushroom growth, and to-day harbors about two hundred and fifty unfortunates. Its material equipment is cheap. It is composed of a dozen or more small frame buildings, suggestive of a mill settlement. Outside the limits of a city, and in a State where there is no official supervision worth mentioning, the owner of this little settlement of woe has erected a nest of veritable fire-traps. Within these the most helpless of all mankind are forced to risk lives which may, or may not, again be of real value. This is a dangerous economy, but it is of course necessary if the owner is surely to grind out an exorbitant interest on his investment.

The same spirit of economy pervades the entire institution. Its worst manifestation is in the employment of the meanest type of attendant. In a State Hospital for the Insane there is perhaps some slight excuse for limiting the remuneration of attendants, for there the appropriation for maintenance per week is limited usually to three or four dollars for each of the patients. But, in private sanatoriums, where the average minimum charge per week is, as a rule, twenty or twenty-five dollars, and where many patients pay forty or fifty dollars or more, there is no excuse for an economy so pernicious. The owner of such a gold mine cannot honestly plead that a lack of funds forces

him to employ attendants who are willing to work for a paltry eighteen dollars a month — $4.50 per week — a wage which kitchen servants frequently refuse to accept. Occasionally a competent attendant consents to work here when there is a scarcity of profitable employment elsewhere. Witness the young man who, shortly after my arrival at this private institution, providentially (for me) sought and secured a position. He received only eighteen dollars a month at the beginning; the sixth and last month of his employment there he received the same meager wage. This man, so long as he remained in the good graces of the owner-superintendent, was admittedly one of the best attendants he had ever had. Yet aside from a five-dollar bill which a relative had sent me at Christmas and which I had refused to accept because of my belief that it, as well as my relatives, was counterfeit — aside from that, this competent attendant and charitable friend received no additional rewards. His chief reward lay in his consciousness of the fact that he was protecting me against injustices which surely would have been visited upon me had he quitted his position and left me to the mercies of the owner and his ignorant assistants. To-day, with deep appreciation, I often contrast the treatment I received at his hands with that which I suffered during the three weeks preceding his appearance on the scene. During that period, not fewer than seven attendants contributed to my misery. Though some of them were perhaps decent enough fellows outside a sick-room, not one had more right to minister to a man in my condition than has a butcher to perform delicate operations in surgery.

The two who first attended me did not strike me with their fists or even threaten to do so; but their unconscious lack of consideration for my comfort and peace of mind was torture. They were typical eighteen-dollar-a-month at-

tendants. Another attendant of the same sort, on one occasion, cursed me with a degree of brutality which I prefer not to recall, much less record. And a few days later the climax was appropriately capped when still another eighteen-dollar-a-month attendant perpetrated an outrage which a sane man would have resented to the point of homicide. He was a man of the coarsest type. His hands would have done credit to a longshoreman — fingers knotted and nearly twice the normal size. Because I refused to obey a peremptory command, and this at a time when I habitually refused on pain even of imagined torture to obey or to speak, this brute not only cursed me with abandon, he deliberately spat upon me. I was a mental incompetent, but like many others in a similar position, I was, both by antecedents and by training, a gentleman. Vitriol could not have seared my flesh more deeply than the venom of this human viper stung my soul! Yet, as I was rendered speechless by delusions, I could offer not so much as a word of protest. I trust that it is not now too late, however, to protest in behalf of the thousands of outraged patients in private and State hospitals whose mute submission to such indignities has never been recorded.

If the owner-superintendent of this particular sanatorium were brought to book for such offenses, what excuse would he offer? A hundred to one he would enter the evasive plea that such outrages were committed not only without his consent but without his suspicion. That he did not expressly countenance such practices I concede. As to his not suspecting that ignorant, untrained, ill-paid attendants do continually outrage the finer feelings of patients, I impeach the truth and the sincerity of such a denial. These owners know what must be the natural consequences of their niggardly policy.

Of their readiness to employ inferior attendants, I shall

offer a striking illustration. The attendant who acted as my protector at this sanatorium has given me an affidavit embodying certain facts which, of course, I could not have known at the time of their occurrence. The gist of this sworn statement is as follows: One day a man — seemingly a tramp — approached the main building at the sanatorium and inquired for the owner. He soon found him, talked with him a few minutes, and an hour or so later he was sitting at the bedside of an old and infirm man. This aged patient had recently been committed to the institution by relatives who had labored under the common delusion that the payment of a considerable sum of money each week would insure kindly treatment. When this tramp-attendant first appeared, all his visible worldly possessions were contained in a small bundle which he carried under his arm. So filthy were his person and his clothes that he received a compulsory bath and another suit before being assigned to duty. He then began to earn his four dollars and fifty cents a week by sitting several hours a day in the room with the aged man, sick unto death. My informant soon engaged him in conversation. What facts did he elicit? First, that the uncouth stranger never before had worked as an attendant, nor had he ever so much as crossed the threshold of a hospital. His last job had been as a member of a section-gang on a railroad. From the roadbed of a railway to the bedside of a man about to die was indeed a change which might have taxed the adaptability of a more versatile being. But as coarse as he was, this unkempt novice did not abuse his charge, — except in so far as his inability to interpret or anticipate the wants of the patient contributed to that afflicted one's distress. My own attendant, realizing that the patient in question was suffering most of all for the want of those innumerable attentions which a

trained nurse cannot fail to bestow, spent a part of his time in this unhappy room, which was but across the hall from my own. The end soon came. My attendant, whose experience had been a wide one, detected the unmistakable signs of impending death. He forthwith informed the owner of the sanatorium that Mr. —— was in a dying condition, and urged him (a doctor) to repair at once to the bedside of the patient. The doctor refused to comply with the request on the plea that he was, at the time, "too busy." When at last he did visit the room the patient was dead. Then came the supervisor who took charge of the body. As it was being carried from the room this "handyman" of the owner's said: "There goes the best paying patient the institution had; the doctor" (meaning the owner) "was getting eighty-five dollars a week out of him." Of this sum not more than twenty dollars at most could be considered as "cost of maintenance." The remaining sixty-five dollars went into the pocket of the owner. Had the man lived for one year the owner might have pocketed as a profit (so far as this one case was concerned) the neat but wicked sum of thirty-three hundred and eighty dollars. And what would the patient have received? The same privilege of living in neglect and dying neglected.

To this day the relatives of the victim of this outrageous neglect do not know of the injustice that was done them. They believed that eighty-five dollars a week would insure the best of attention, — and so it would have done had the trusted owner been deserving of the confidence placed in him.[1] From a reliable source I learn that the

[1] Other instances of abuses existing in private hospitals for the insane will be found in Appendix V, where a brief report appears, written by M. Allen Starr, M.D., Professor of Nervous and Mental Diseases at Columbia University.

owner of the run-for-gain sanatorium discussed, brags that his profit during a recent year amounted to $98,000. My informant, a man conversant with the question at issue, figures that a profit of six dollars a week from each patient would have enabled this acquisitive owner to make the $98,000 he professes to have made. But let us cut the reported brag in two, just to be on the safe side. Does any one believe that an inefficient owner of a sanatorium deserves to receive a yearly profit equal to the salary of the President of the United States?

As to my own experience at this institution: during the first weeks of it, my relatives were obliged to pay forty dollars a week for my care. Under the circumstances it was not an unreasonable figure — for, both by day and night, I required an attendant; nor do I even affirm that the eighty-five dollars a week, wrung from the rich man, was in itself exorbitant. But is it right for the owner of a sanatorium to demand and accept either forty or eighty-five dollars a week, and then permit the helpless patient to be subjected to indignities and neglect? I know of a sanatorium where the owner refuses to take any patient who cannot afford to pay one hundred dollars a week. He caters to the wealthy, and secures a sufficient number of patients to fill his hospital. I respect that man. He deserves success, for he gives each patient better care than he could possibly get in the most self-sacrificing household. To expect him to reduce his rates would be as unreasonable as to expect the owner of real estate, simply because a church or hospital is to be erected thereon, to sell it below the market price. The law of supply and demand (together with a culpable lack of State supervision) regulates the rates now charged by owners of sanatoriums. Therefore the lowering of rates to a fair figure can be brought about only when Psychopathic Hos-

pitals and co-operative, or endowed, sanatoriums shall have entered the field of competition. That such institutions will reduce the prevailing exorbitant charges, and force the existing type of owner to treat his patients and their relatives fairly, is at least indicated, if not proved, by the fact that the Psychopathic Hospital at Munich, Germany, — the finest of its kind in the world — charges for the most scientific treatment known, not more than $16.66 a week, and as low as $9.52; with a minimum of $4.97 per week for patients unable to pay more. And as stated in the Consular Report (Appendix II) "the treatment and medical services are precisely the same to all, according to condition and necessities."

Not so, however, in a majority of private institutions. The quality of the food, for instance, is likely to vary with the fee paid. The poorer patients are, in a way, the buzzards of the flock. The coarsest cuts are their accustomed portion. To this the attendants themselves can testify, for they are often forced to eat veritable husks — the crumbs which fall from the owner's table. In my opinion the food served at the State Hospital was far better than that served to many patients at this run-for-profit sanatorium: and the food served at the large private hospital, conducted *not* for personal profit, was, on the whole, as good as any man might need or desire.

This comparison is illuminating. The owner of a private sanatorium is but human, and it is extremely difficult for him to see any advantage in supplying food of quality or variety, when, by so doing, his profit will be decreased by thousands of dollars during a single year. The management of an incorporated and endowed institution, whose only possible profit is to be found in their agreed salaries, would not be likely to impose in this way upon their insane

charges and patrons. No corrupting desire for gain would influence them. It is highly desirable, therefore, that all private hospitals for the insane should at once be brought under rigorous State supervision, requiring that such institutions be duly incorporated under laws which will protect patients against abuse and patrons against extortion, — at the same time permitting a trustworthy owner to make a fair profit on his investment. Or, better still — and eventually I hope to behold it — let there be no hospitals at all run for private gain. I do not advocate a hasty change. It will be years before there are in operation a sufficient number of Psychopathic Hospitals, "mental wards" in General Hospitals, and co-operative sanatoriums to render useless the existing type of run-for-gain institutions. In the meantime Public Opinion, through proper channels, should so far as possible force owners of private hospitals to reduce their charges to a fair figure and, at the same time, treat all patients with consideration and honesty.

CONCLUSION

THE field is before us! The disgrace of the facts (of which I have related but a few) still cries to Heaven. Though the days of dungeons, manacles, shackles, ropes, straps, and chains have, in the main, passed, it should yet be borne in mind that our great hospitals, with their beautiful grounds, are too often but cloaks wherewith a well-intentioned but blind civilization still covers a hideous nakedness. This cruel and deceptive cloak must be torn off. Let these mysteries be converted into open Truth and Fairness. That the public has long been deceived by appearances is not surprising. For, even I, in walking casually through the wards of such a hospital, find it well-nigh impossible to realize that many of the inmates are subjected to even mild abuse. Even I, who have suffered the most exquisite torture from "muffs" and straitjackets (camisoles), have, in my several tours of inspection at State Hospitals, looked upon a patient so bound with a feeling rather akin to curiosity than sympathy. So innocent do these instruments of restraint appear when one views a victim for the few moments it takes to pass him by, it is little wonder that a glib-tongued apologist of "Restraint" may easily convince one that the bound patient is, in fact, better so. Nevertheless, he is not better so. The few seconds that the observer beholds him are but an infinitesimal fraction of the long hours, days or weeks, that he must endure the embrace of what soon becomes an engine of torture. There is but one remedy for the evils attending

the mechanical restraint of the insane. At once and forever abandon the vicious and crude principle which makes its use possible.

The question is: will the reader help to bring about improved conditions? If so, let him take his stand as an advocate of Non-Restraint. So will he befriend those unfortunates whose one great need may best be epitomized in these words—the words of a man who for a score of years worked among the insane in the capacity of assistant physician, and later as superintendent of a state hospital. His simple though vital remark to me was: "After all, what the insane most need is a *friend!*"

These words, so spoken, came with a certain startling freshness. And yet it was the sublime and healing power of this same love which received its most signal demonstration two thousand years ago at the hands of one who restored to reason and his home that man of Scripture "who had his dwelling among the tombs; and no man could bind him, no, not with chains: Because that he had been often bound with fetters and chains, and the chains had been plucked asunder by him, and the fetters broken in pieces: neither could any man tame him. And always, night and day, he was in the mountains, and in the tombs, crying, and cutting himself with stones. But when he saw Jesus afar off, he ran and worshipped him, And cried with a loud voice, and said, What have I to do with thee, Jesus, thou Son of the Most High God? I adjure thee by God, that thou torment me not."

For twenty centuries the cry of the insane has been and to-day is: "Torment me not! Torment me not!"

POSTSCRIPT

New Haven, Connecticut,
May, 1, 1910.

On pages 295 and 296 of this book, I recommended that a permanent agency for education and betterment in the hitherto neglected field of nervous and mental disorders should be brought into existence in the form of a National Committee, and that this agency should undertake a work akin to that which had already been undertaken so successfully with regard to tuberculosis. This suggestion was offered to the public on March 16, 1908, when the first edition of "A Mind That Found Itself" was published. It had been my original purpose to include in this recommendation the statement that the projected National Committee for Mental Hygiene had, even prior to the publication of my book, been partially organized, at least to the extent of my having secured acceptances of membership from more than twenty persons of national reputation whose interest in the work had been enlisted during the preceding year. This announcement, however, regarding the National Committee was not made at that time, as it was deemed advisable to work out the problem in one State before attempting to inaugurate an active national movement. Therefore, I concentrated my efforts on the work in my native State, and The Connecticut Society for Mental Hygiene, which was formally founded on May 6, 1908, was soon completely organized and actively engaged in work.

During the first year and a half, the work consisted

chiefly of a study of those aspects of the problem directly related to the work of a State Society. Thanks to the invaluable advice and assistance given by hospital physicians of wide experience and by interested lay workers, I am now able to report that a model and effective plan for work has not only been evolved but actually put into operation. With slight changes, to meet varying conditions in given States, the Scope of the Work adopted by the Connecticut Society for Mental Hygiene can, it is believed, be adopted by any State Society that may be founded. Before presenting the plans of the pioneer State Society, however, I desire to submit for consideration the chief objects and the personnel of the parent organization, the National Committee.

The chief objects of the National Committee for Mental Hygiene are: (a) to work for the protection of the mental health of the public; (b) to help raise the standards of care for those threatened with nervous or mental disorder or actually ill; (c) to promote the study of mental disorders in all their forms and relations and to disseminate knowledge concerning their causes, treatment and prevention; (d) to obtain from every source, reliable data regarding conditions and methods of dealing with mental disorders; (e) to enlist the aid of the Federal Government so far as may seem desirable; (f) to co-ordinate the work of existing agencies and to help organize in each State in the Union an allied but independent Society for Mental Hygiene, similar to the existing Connecticut Society.

The members of the National Committee for Mental Hygiene as of the date May 1, 1910, are:

Mrs. Milo M. Acker, Hornell, N. Y., Trustee of the Willard State Hospital; Miss Jane Addams, Hull House, Chicago; President Edwin A. Alderman, University of

Virginia; Ex-President James B. Angell, University of Michigan; Dr. Charles P. Bancroft, Superintendent, New Hampshire State Hospital, Concord, N. H.; Mr. Otto T. Bannard, New York City; Dr. Lewellys F. Barker, Johns Hopkins University; Dr. G. Alder Blumer, Superintendent, Butler Hospital, Providence, R. I.; Dr. George Blumer, Yale Medical School, New Haven, Connecticut; Professor Russell H. Chittenden, Director, Sheffield Scientific School; Dr. Owen Copp, Executive Officer, Massachusetts State Board of Insanity, Boston; Dr. Charles P. Emerson, Superintendent, Clifton Springs Sanitarium; President W. H. P. Faunce, Brown University; Dr. Henry B. Favill, Chicago; Miss Katherine S. Felton, San Francisco; Professor Irving Fisher, Yale University; Mr. Matthew C. Fleming, New York City; Mr. Horace Fletcher, New York City; Mr. Homer Folks, New York City; James, Cardinal Gibbons, Baltimore; President Arthur T. Hadley, Yale University; Major Henry L. Higginson, Boston; Dr. August Hoch, Director, Psychiatric Institute, Ward's Island, New York City; Professor William James, Cambridge, Massachusetts; President David Starr Jordan, Leland Stanford Jr. University, Palo Alto, California; President Harry Pratt Judson, University of Chicago; Miss Julia C. Lathrop, Hull House, Chicago; Professor Morris Loeb, New York University; Mr. Marcus M. Marks, New York City; Mr. Lee Meriwether, St. Louis; Dr. Adolf Meyer, Director, Phipps Psychiatric Clinic, Johns Hopkins University; Mrs. Philip N. Moore, St. Louis; Dr. J. Montgomery Mosher, Albany, N. Y.; Ex-President Cyrus Northrop, University of Minnesota; Dr. Stewart Paton, Princeton, N. J.; Professor Francis G. Peabody, Harvard University; Mr. George Wharton Pepper, Philadelphia; Dr. Frederick Peterson, Columbia University; Mr. Henry Phipps, New

York City; Mr. Gifford Pinchot, Washington, D. C.; Mr. Jacob Riis, New York City; President Jacob Gould Schurman, Cornell University; Dr. M. Allen Starr, Columbia University; Rev. Anson Phelps Stokes, Jr., Secretary, Yale University; Mr. Melville E. Stone, New York City; Judge Robert W. Tayler, United States District Court, Cleveland, Ohio; Mr. Sherman D. Thacher, Nordhoff, California; Rev. Henry van Dyke, D. D., Princeton University; Dr. Henry P. Walcott, Cambridge, Massachusetts; Dr. William H. Welch, Johns Hopkins University; Surgeon-general Wyman, Public Health and Marine Hospital Service, Washington, D. C.; President Benjamin Ide Wheeler, University of California, Berkeley, California; Mr. Robert A. Woods, South End House, Boston, Massachusetts.

The value of the work done during the past two years by members of the National and State organizations may best be proved by including in its entirety, as a part of this Postscript, the 1910 Prospectus of the Connecticut Society for Mental Hygiene.

SCOPE OF THE WORK OF THE CONNECTICUT SOCIETY FOR MENTAL HYGIENE

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The Connecticut Society for Mental Hygiene.

I

The chief objects of The Connecticut Society for Mental Hygiene are: (a) to work for the protection of the mental health of the public; (b) to help raise the standards of care for those threatened with nervous or mental disorder or actually ill; (c) to become a permanent agency for education and betterment in this hitherto neglected field.

II

These objects the Society aims to accomplish in the following manner:

(1) By publishing and distributing information which will help overcome the prevailing ignorance regarding conditions and modes of living which tend to produce nervous and mental disorders. Popular articles on these disorders and the provisions for their management, written especially for the general public, which to-day is relatively ignorant of the subject of Mental Hygiene, will go far toward correcting mistaken ideas commonly held by laymen; and such knowledge widely spread will overcome many fears now ignorantly associated with nervous and mental disorders and the institutions provided for their treatment.

(2) by maintaining an office, or offices, where persons in need of assistance, or advice regarding the perplexing questions relating to nervous or mental disorders, may, for the asking, be brought into contact with those physicians or laymen best qualified to give the information they desire.

(3) by instituting and carrying on Social Service work under the guidance of physicians in charge of the hospitals which co-operate with the Society.

(a) This Society shall appoint a Social Service Committee for the purpose of assisting patients who, without help of some kind at the time of their discharge from hospitals or of their recovery at home, would find the struggle for existence so severe as to cause a relapse, often necessitating commitment or recommitment. This Committee shall also engage in the work of Prevention by advising and assisting persons in the community who may be in danger of nervous or mental collapse.

(b) In each city and town in Connecticut, as the need may become manifest, the Society shall appoint a local Social Service Committee or volunteer social worker to represent it.

(4) by striving to make the operation of the laws of commitment more in keeping with the medical aspects of the problem.

The placing of all patients in the hands of medical and health officers, or accredited Social Service workers, pending their transfer to a hospital, would do away with the cruelty of treating many unfortunates as prisoners in lockups and jails during the initial and usually critical stage of their illness, as now so often happens in *all* States of the Union.

(5) by instructing the public regarding the necessity for, and advantages of, prompt hospital treatment in cases of mental disorder.

(6) by co-operating with institutions, societies, state and local Boards, and individuals, engaged in the work of protecting or improving the health of the public.

III

The Society shall create a Fund to be used for Social Service work, for the benefit of the indigent insane and their families, for the payment of prizes to nurses and attendants, and such other purposes as the Board of Directors may designate.

IV

This Society approves the movement for organizing and centralizing the Federal health agencies under a Bureau of Health, with a division for Mental Hygiene. The labor of scientific investigation and of gathering and disseminating knowledge concerning the public health should not be performed by private agencies alone; for, as ex-President Roosevelt has said: "Our national health is physically our greatest asset."

ALL INSANITIES ARE NOT INCURABLE DISEASES

RECOVERIES

About twenty-five per cent of those who are committed to hospitals recover their previous health and capacity for self-support, and an added twenty per cent, discharged as "improved," are also able to return to their homes. If breaking minds were brought under treatment as promptly as are broken

bones, the percentage of recoveries among the insane could undoubtedly be increased. Those forms of insanity which supply a majority of chronic and incurable cases, develop slowly from causes which might be recognized and dealt with long before the patient is considered actually insane. There is no reason to assume that these forms of insanity are inherently incurable, as they have generally been long neglected before there is thought of treatment. If the causes were recognized and the cases treated in their incipiency, the final outcome might be entirely different.

PREVENTION

From forty to fifty per cent of all cases of mental disorder are due to well defined and avoidable causes. This means that thousands of the 200,000 mental incompetents in this country became insane not through fate, but through ignorance and neglect. In consequence, effective work in Prevention will keep out of hospitals thousands of persons who otherwise would be committed to them. When the public appreciates the significance of this fact, it will begin to regard insanity with that intelligent optimism with which it now regards certain bodily disorders, once dreaded because not understood. Each person who shows a rational attitude toward disorders of the mind will do much toward hastening the day of universal enlightenment on this subject.

The cure of insanity lies in its prompt and intelligent treatment, and in prevention. It is, therefore, essential that the whole public should become as familiar with the principles of mental hygiene and their practical application, as it already is with the facts regarding the prevention of tuberculosis.

PRIZES

Prizes amounting to One Hundred and Eighty Dollars ($180) are offered by this Society to nurses and attendants in the three Hospitals for the Insane in Connecticut which are under the management of Boards of Trustees and are, therefore,

public or semi-private in character, viz.: The Connecticut State Hospital, The Norwich State Hospital, and The Hartford Retreat.

Two *First Prizes* of $20 each, and certificates of award, will be given to two nurses or attendants, one woman and one man, in each of the aforementioned hospitals, who, between March 1, 1910, and January 1, 1911, excel in those virtues which distinguish a competent nurse or attendant. Each superintendent shall select the winners of these *First Prizes* in his own institution, and shall base his decision either upon personal knowledge or reports submitted by his assistant physicians.

Two *Second Prizes* of $10 each, and certificates of award, will be given to two nurses or attendants, one woman and one man, in each of these three hospitals, who, during the same period and for the same reasons, are, in the opinion of the respective superintendent of each institution, deserving of these *Second Prizes*.

No workers who minister to suffering humanity are more deserving of rewards in addition to their stipulated compensation than are nurses and attendants in hospitals for the insane. Theirs is an exacting vocation, one requiring the constant use of tact and consideration, often under most trying conditions.

In offering the listed prizes, The Connecticut Society for Mental Hygiene hopes to inspire in this and other States, more substantial recognition by the public for those who, day in and day out, are in closest contact with the mentally afflicted, and upon whom the contentment and well-being of these sufferers so largely depends.

SOCIAL SERVICE WORK IN CONNECTION WITH HOSPITALS FOR THE INSANE IN CONNECTICUT

ITS NATURE AND VALUE AS AN AGENCY IN THE PREVENTION AND CURE OF NERVOUS AND MENTAL DISORDERS

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Under the restricting name of After-Care, Social Service work for several years past has been successfully carried on in this country in connection with a few hospitals for the insane. As a result of the development of this work in other States, and the development of Social Service in connection with general hospitals, the Connecticut Society for Mental Hygiene finds it possible to put into operation a new plan for Social Service. In Connecticut, for the first time, Social Service is to be carried on as a part of the work of hospitals for the insane and of a Society for Mental Hygiene, under the guidance of those hospital superintendents who serve as members of its Executive Committee.[1]

This Social Service work, when developed to the limit of its possibilities, will include (a) the doing of *everything* that can be done to make permanent the recovery of persons who suffer an attack of nervous or mental disorder, whether treated in hospitals or in their own homes; (b) the giving of reassuring advice and assistance to the distressed families and friends of patients; (c) the giving of advice and assistance to defective or "handicapped" individuals so that they may avoid commitment and maintain themselves in the community; (d) the doing of anything which will tend to *prevent* the occurrence of

[1] The medical members of the Executive Committee are: Dr. Henry S. Noble, Supt. Connecticut State Hospital; Dr. Henry M. Pollock, Supt. Norwich State Hospital; Dr. Whitefield N. Thompson, Supt. Hartford Retreat; Dr. George H. Knight, Supt. School for Feeble Minded, Lakeville.

The three lay members are: Mr. Lewis H. English, New Haven; Judge L. P. Waldo Marvin, Hartford; Mr. Charles G. Sanford, Bridgeport.

nervous or mental disorders in that large class of preventable cases which is known to exist.

The value of Social Service Work may be set forth briefly under the following headings: (a) its value to the discharged patient; (b) to his relatives and friends; (c) to the hospital officials; (d) to the public.

(a) *Its value to the discharged patient.* Through the ministrations of a Social Service worker, the recovered patient can be assisted in avoiding those conditions which helped produce the initial attack of mental disorder and to guard against many dangers which might tend to undermine his mental health and cause a relapse. Acquaintance with the patient preceding his discharge from the hospital, will make it possible, after he has again taken up his work in the world, for the social worker to assist in his continued observance of the instructions given him by the hospital physicians. This assistance should not, however, consist solely of words of advice. Work of a sort which will tend to make permanent his recovery should be found for the discharged patient, and, if pecuniary assistance be needed, and is deserved, a reasonable amount of money should be advanced for his benefit, preferably in the form of a loan, with the understanding that he shall reimburse the Committee when able to do so. Continued contact with the social worker who has befriended him will free the discharged patient from many worries regarding his future and go far toward preventing his relapse.

(b) *Its value to the patient's relatives and friends.* Not the least of the many advantages of work in Social Service is that the invaluable advice of the social worker can best be offered under the favoring conditions which arise at the time a recovered patient is about to return to his home. Whereas, under ordinary circumstances, many families might resent advice regarding the preservation of their mental health, experience proves that under the conditions mentioned, such advice is accepted eagerly and put to good use. Many families also welcome guidance by a tactful lay worker when a relative is about to

be or recently has been committed to an institution. At such times, above all others, distressed relatives of the patient stand in need of advice and assistance.

Social Service not only facilitates the use of the parole system and the re-entrance of the recovered patient into home life and helps him to become self-supporting again, but the benefits of advice and instruction given the patient extend also to his family and circle of acquaintances. A social worker in assisting the recovered patient can, at the same time, point out to his relatives the known causes of the case and warn them regarding habits and conditions which tend to produce mental disorder. Such knowledge will often prevent the occurrence of other cases in the family. For, as investigation has proved, where one member of a family has suffered mental collapse, there are usually to be found other members whose temperaments and constitutions are such as to require increased protection against even the ordinary strain and stress of life. With this increased protection in the form of intelligent guidance, and co-operation on the part of the threatened individual, he is, if anything, less likely to suffer collapse than a person who assumes that his mind can never fail him.

Thus it is that work in Social Service includes work in so-called After-Care and Prevention. Indeed, these activities are inseparable, and once the work of a Social Service Committee is thoroughly organized it will be found that more work can be done in Fore-Care than in After-Care. Work in Prevention should be the chief activity of a Society for Mental Hygiene.

(c) *Its value to hospital officials.* By widening their spheres of influence, Social Service increases the usefulness and efficiency of hospitals. The trained lay worker who investigates a case, can usually secure for the hospital officials information which they themselves often find it difficult, if not impossible, to obtain. Especially is this true regarding the home environment to which the patient is about to return, in the study of which a social worker can secure facts about the family history which relatives may have withheld when answer-

ing questions originally submitted. As a result, a complete record of the case is secured and the physicians can then give effective advice as to what may best be done to make permanent the recovery of the patient. Experience proves also that the non-professional worker who has studied the home environment of the patient at close range, is frequently able to relieve doubts, fears, and suspicions, of the patient and his family, and to clear up misunderstandings which the hospital officials themselves, unaided, could scarcely hope to correct. When one considers that the lack of confidence in our hospitals, which is known to exist in some quarters, is based in part on trivial misunderstandings, the value of the non-professional worker acting as a common friend and mediator at once becomes apparent.

(d) *Its value to the public.* The public should know and remember that Social Service by preventing occurrence in some cases and relapse in others, helps relieve the usually overcrowded condition of our hospitals and, relatively at least, diminishes the ultimate cost of the burden of insanity. The tremendous financial advantage of prevention over cure in regard to other diseases has been mathematically demonstrated in the recent government report on the Conservation of National Vitality. There is no reason to doubt that equal or greater advantage is possible with regard to insanity. Therefore, it seems reasonable to assume that the State will one day grant appropriations for work in this field. But, in the meantime, the public should give liberal support and thus help to demonstrate the value of a work so broad in scope as to benefit *all* persons in the community.

THE CONNECTICUT SOCIETY FOR MENTAL HYGIENE

MAINTAINS AN OFFICE AT 39 CHURCH ST. (ROOMS 318–319)
NEW HAVEN, CONNECTICUT

Any person, whether a member of the Society or not, may — for the asking — obtain at the Society's office, or by correspondence, advice for himself or regarding the many and oftentimes

perplexing questions which arise when a relative or friend seems in danger of nervous or mental collapse, or is about to be or has been committed to a hospital.

Interviews and letters will be regarded as confidential.

Telephone 3008.

All correspondence should be addressed to CLIFFORD W. BEERS, Executive Secretary.

HOW TO JOIN

Applications for membership, dues and contributions should be sent to C. W. Beers, Executive Secretary, 39 Church Street, New Haven, Connecticut.

Checks should be made payable to the New Haven Trust Co., or W. Perry Curtiss, Treasurer.

MEMBERS

Any person, resident in Connecticut, is eligible for membership in this Society. A Member's Annual Dues of Two Dollars ($2) *are payable upon his enrolment and on October* 1*st, which date marks the beginning of the Society's fiscal year.*

MEMBERSHIP

The Connecticut Society for Mental Hygiene, the first Society of its kind to be founded, and forerunner of The National Committee for Mental Hygiene, depends for support upon the dues received from members and such contributions as may be made by those desiring to give more than the stipulated dues.

SUSTAINING MEMBERS

Any member of the Society who in any one year gives an amount in excess of the stipulated dues of $2.00 shall be known as a Sustaining Member.

CONTRIBUTORS

A person who is ineligible for membership, or one who may not desire to qualify as a member, who gives an amount equal to at least the stipulated Annual Dues of $2.00 shall be known as a Contributor.

PATRONS AND BENEFACTORS

Any person, whether eligible for membership or not, who gives at one time not less than One Hundred Dollars ($100) shall be known as a Patron, and if the donation amounts to or exceeds Five Hundred Dollars ($500) he shall be known as a Benefactor. Both Patrons and Benefactors shall be exempt from the payment of dues.

ENDOWMENT FUND

Bequests, and money received from a Patron or Benefactor, will be placed in the Endowment Fund at the request of the donor, or if so voted by the Board of Directors of the Society.

The Connecticut Society for Mental Hygiene was founded May 6, 1908, and was incorporated July 17, 1908.

OFFICERS

President, Dr. George Blumer, New Haven; Vice-Presidents, Hon. Costello Lippitt, Norwich; Governor Frank B. Weeks, Middletown; Treasurer, Mr. W. Perry Curtiss, New Haven; Executive Committee, Dr. Henry S. Noble, *Chairman*, Middletown; Mr. Lewis H. English, New Haven; Dr. Henry M. Pollock, Norwich; Dr. George H. Knight, Lakeville; Mr. Charles G. Sanford, Bridgeport; Judge L. P. Waldo Marvin, Hartford; Dr. W. N. Thompson, Hartford; Clifford W. Beers, Executive Secretary, 39 Church Street, New Haven, Connecticut.

DIRECTORS

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Soon after the 1910 Prospectus of the Connecticut Society for Mental Hygiene was published, the following circular letter which should interest those who desire detailed information regarding work in Social Service was issued.

"Our 1910 Prospectus, a copy of which was recently sent you, contained a general description of Social Service work, — the chief activity of this Society. We now submit an account of a few specific instances of help given by our Social Service Committee to persons in need of advice and assistance. This we do with the hope of enlisting your support as a member of the Society. (Annual Dues $2.) If we are to make our plan for Social Service completely effective, we must at once increase our membership.

"No. 1. A man of middle age who, though an expert accountant, had great difficulty in securing work after his discharge from a State Hospital, applied for aid. He was one of the many thousand in this country who became insane through an excessive use of alcohol. Though he secured one position after his discharge from the hospital, he lost it through his habit of

intemperance. Friendly advice and pecuniary assistance were given him and as a result, he voluntarily abandoned the use of alcoholic beverages. With the assistance of the Society, he secured a position as book-keeper and has since repaid the loan made for the purchasing of necessary clothing and for the defraying of expenses incurred in securing a position. A quotation from a recent letter will show how greatly he has appreciated the Society's assistance: 'I had expected to be able with the last payment to enclose two dollars that might be used to aid some one handicapped as I was. I have not had the surplus, but will send it in a week or so.' The promised contribution was received soon afterwards.

"The rehabilitation of this discouraged and handicapped man demonstrates the value of Social Service work. In all probability, he would have suffered a relapse and been re-committed to a State Hospital, had he not been helped to a condition of self-support and, at the same time, been convinced that he must treat alcohol as a poison if he hoped to remain in possession of his mental health and liberty.

"No. 2. It is not generally known that Social Service work can be made to benefit the relatives of patients whose condition is such that they must spend the remainder of their lives in hospitals for the insane. A striking instance of these benefits may best be presented by quoting, with the writer's permission, part of a letter recently received by the Executive Secretary of this Society:

"'I want to thank you again for setting me right in regard to my husband's position at the hospital. Since my interview with you I have experienced the only peace of mind I have known in months. Your explanations relieved my anxieties and dispelled my prejudices to such an extent that a great burden has been lifted from me. If only I had consulted you long ago I should have avoided the many mistakes I have made and been spared much unhappiness.'

"In a later interview this woman remarked: 'I believe I should have suffered a nervous or mental collapse had not my mind been relieved from worry when it was. I am now able to secure restful sleep, something I hadn't enjoyed for weeks prior to my first interview.'

"This case is especially interesting in that it fairly represents the value of assistance that may be given to thousands of people in this country whose relatives are classed among the incurable insane. The burden of worry which this woman was carrying before her unfounded fears were dispelled, was one which thousands similarly situated must continue to bear, until a way has been found to place before them the comparatively simple instructions and advice they so greatly need. Such a way has been found in Connecticut. This Society and the hospitals are to serve as agencies of enlightenment.

"No. 3. Men whose wives are patients in hospitals for the insane are also in need of advice and encouragement, especially men of the day-laboring class who so often have to give up their homes when their wives are removed to the hospital. A case of this sort has recently been brought to the attention of the Society. The husband has had difficulty in maintaining a home for his two children — a boy and a girl, aged ten and six years respectively. Several talks with a member of the Social Service Committee, and a visit to the hospital in which his wife is a patient (made possible by a small loan from the Society, since repaid), served to overcome the disturbing fears which long had oppressed this man. A most pathetic feature of the case is that the two young children at home have no one to care for them during the day, though the father spends as much time with them as possible for one who has to earn money for their support. That it is not only the older relatives of a patient who worry is shown most convincingly by a letter sent

to the Executive Secretary of this Society by the ten-year-old son of the patient, in behalf of himself and his sister. In this pathetic bit of evidence of the need that exists for Social Service the following sentences appear:

"'I have received a letter saying that my mama is alright.' (Of course the letter was written by his mother, who, like most patients, considered herself well enough to return home.) 'I wish you would be kind enough to bring her home to us papa is gone to Bridgeport for the next to days. Kindly Let me no what you can do for us. I will pay the expencese Out of my on saving money.'

"When this Society adds to its staff of workers — as it plans to do — a woman who has had experience in Social Service work, it will become possible to help 'mother' these children and many others in this State who are similarly situated.

" Will you qualify as a member of the Society, or as a contributor, and help to increase its power for good in the community?

(Signed) Clifford W. Beers,
Executive Secretary."

APPENDICES

APPENDIX I

Mechanical Restraint and Seclusion of Insane Persons

BY CHARLES W. PAGE, M.D.

Read at State Board of Insanity Conference, State House, Boston, Massachusetts, May 17, 1904.

While a certain proportion of the human family must have suffered from mental disorders for ages past, it is only about one hundred years since the propriety of controlling insane persons by the aid of manacles, shackles, chains, ropes, straps, etc., was especially called into question. At this stage of the world's progress, it is difficult for one to comprehend those former-day doctrines of philosophy, religion and ethics which overpowered or distorted human sensibilities to such a degree that compassion for the afflicted insane had little, if any weight in deciding what measures should be employed in their treatment; while a vague mysterious horror, or fear of the disease, readily suggested to friends or custodians barbarous antagonism to its manifestations. During the political and social upheaval of the French Revolution, but quite aside from any design on the part of the revolutionary actors, that great moral genius, Philippe Pinel, was appointed superintendent of the Bicêtre, the great Paris asylum for incurable insane men. When Pinel entered the asylum with M. Couthon, a member of the Commune, they were greeted, it is said, "by the yells and exclamations of three hundred maniacs, who mingled the clanking of their chains with the uproar of their voices."

This horrible condition of things had existed indefinitely without a recorded protest from political officials, church authorities, or friendly philanthropists. Public opinion had come to regard such conditions as inevitable, and yet we all know to-day that the shocking features of that gloomy Paris prison asylum were due entirely to ignorance, and "man's inhumanity to man." Pinel alone held such an opinion at that time, and when he requested permission of the government to do away with "the chains, iron cages and brutal keepers" he was generally regarded as a reckless visionary, almost an insane man himself. Nevertheless, he removed the chains from some fifty men at once, and the others subsequently, without a resulting accident or untoward event. Owing, no doubt, in part to unsettled political conditions in France at that time, this epoch-marking, dramatic incident in the world's progress of humanity was not widely known or duly appreciated until after many years had elapsed. Meantime an English Quaker, William Tuke, becoming sorely distressed with the depleting and repressive methods to which the insane in the government asylums of Great Britain were subjected, founded at York, England, and at his own expense, a hospital for the insane where lunatics would be treated as sick people, and where gentleness and patience would, under all conditions, be exercised towards them.

This humane innovation in lunatic asylum practice attracted considerable attention in England, and, although his "Retreat" was conducted without ostentation, but in the simple, quiet methods which characterized Quakerism, it aroused intense hostility, and its methods were denounced and vilified, especially by those interested in the management of English asylums in which insane inmates continued to be treated according to the rigorous code of the conserv-

ative British authorities. Chains, straps, strait-jackets, threats, force, coercion, held sway in practically all public asylums, while the York Retreat continued its gentle and most successful Non-Restraint ministrations to the insane. No doubt theories and methods in many English asylums were in time somewhat modified by the influence of the York Retreat, but nowhere else were the efficient, advanced, Quaker principles adopted as the prevailing moral tone and force of an English institution prior to 1838, when at the Lincoln Asylum, Dr. Gardiner Hill, seconded by Dr. Charlesworth, endeavored to absolutely abolish mechanical restraint. But their convictions were regarded as too radical by the authorities above them, and, as a consequence, they lost their situations as asylum officers. Yet the time for a revolution in lunatic hospital management was ripe and the requisite man, with masterful endowments, was at hand.

In the following year, 1839, Dr. John Conolly, without previous experience in such work, assumed control of the lunatic asylum at Hanwell, containing over eight hundred patients. For some years previously this asylum had been managed upon lines which were conspicuously mild for those days. In fact, "it was deservedly considered one of the best managed asylums in England," and yet Dr. Conolly found there forty patients subjected to mechanical restraint, and, designed for such uses, about six hundred instruments, of one kind and another, half being leg locks and handcuffs, with forty coercion chairs. All these he collected in one room which was called the museum, and from that time no patient in Hanwell was subjected to mechanical restraint. In 1844 Dr. Conolly wrote as follows: "After five years' experience I have no hesitation in recording my opinion that with a well constituted governing body, animated by philanthropy, directed by intelligence and acting by means

of proper officers, there is no asylum in the world in which all mechanical restraint may not be abolished, not only with safety, but with incalculable advantage." Dr. Conolly abolished mechanical restraint, not simply because it was an inheritance from the prison régime to which the insane were formerly subjected, but more especially because it was the material embodiment of all prison policy — coercion. As an English authority has stated it, "what he sought was not only to abolish the tangible instruments of restraint, but to substitute the power of a superior mind, guided by unvarying kindness. He showed by reasoning, he proved by trial, and he enforced by all the high courage of his unvarying patience and his tender heart, the great principle that the insane are best governed by a law of kindness and that all coercion applied to them is not only unnecessary, but hurtful. The credit of first suggesting Non-Restraint does not belong to Conolly, but it has been well said the credit of originality is often due, not so much to the man who first suggests a thing as to him who suggests it in such a manner as to display its value; or, not so much to him who sets an example worthy of imitation as to him whose example compels imitation by its worth. What Conolly did was not merely to abolish restraint and torture within the sphere of his personal control, but to render their continuance impossible within the limits of civilization. Under the influence of his example the fetters fell from the limbs of the lunatic in all English asylums. By example and precept, by tongue and pen, he labored without ceasing, in defence of the great principles involved, and he had the satisfaction of ultimately seeing the practice founded upon them, more or less closely copied in every asylum in England, and in many others located in various parts of Europe. He found the lunatic an object of dread and suspicious horror;

he left him an object of commiseration and kindness. He found insanity regarded as a disease of the mind, he left it recognized as a disease of the body. He found a madhouse a prison, and a place of torture without mercy; he left it a hospital for many and an asylum in fact, as well as in name, for all inmates."

This great work, immeasurable in its continued and ultimate effects, was accomplished only as the result of the most painstaking personal application to detail in his own wards and a long continued battle for mercy and justice. Opposition to his theory and practice, some of it honest doubting, but much of it ignorant and bitter prejudice, sprang up and attacked him from all quarters. He met it first from his own country, from English asylum officials, and later from Continental critics. He met all opponents in the true Quaker spirit and his intelligence, his courage, and his sincerity triumphed, as such qualities always will, over error and ignorant prejudices. When his detractors could no longer maintain the commonly believed error that for mechanical restraint some substitute treatment no better, perhaps more reprehensible, was adopted, the assertion that Dr. Conolly's patients were of a different, a milder type than those to be found in other asylums, was advanced. First, in Great Britain it was claimed that the Hanwell patients were a specially effeminate lot. Then when Non-Restraint became the general working policy of English asylums, Continental faultfinders asserted that English people were a more docile race than native Frenchmen or Germans. The same untenable assumption is often heard to this day in extenuation for the continual use of mechanical restraint in certain hospitals. It will be seriously stated that the original character of hospital populations varies from the mild to the aggressive in different sections of a

given country, or state, and possibly in contiguous districts, even. At Danvers mechanical restraint was abolished about four years earlier in the women's than in the men's wards, not because women patients are less difficult to manage, but for the reasons that an arbitrary position on this question was not assumed by the superintendent at first, and because the assistant physicians and supervisors in the women's department were especially responsive to suggestions in this direction. Eventually, when Non-Restraint had permeated the whole hospital, and when the chief assistant who had been gradually convinced of the feasibility of Non-Restraint against his preconceived but honest convictions, remarked in answer to some statement of fact, which was made one day, "Oh, it's a comparatively easy matter to avoid mechanical restraint now because we don't have the cases that require it as we formerly did." Then and there, the superintendent took occasion to point out that he had discovered exactly what every man brought into intimate association with Non-Restraint had discovered; namely, that Non-Restraint once established in an institution, conditions which formerly suggested its use rarely if ever occur; that, as institution after institution had been placed on the Non-Restraint basis, there had been a continuous, successive re-discovery of the same altered internal conditions, from the days of Conolly to the present time, a period of some fifty years. Such being the fact it must be admitted that this less fractious, less turbulent condition of the insane in the wards of the hospitals was always the outcome of Non-Restraint and never the forerunner.

This discloses the real solution of the controversy. Where restraint is permitted the general spirit of the management breathes coercion; antagonism, enforced submission. When Non-Restraint is the undeviating rule, tact, persuasion, and

sympathy soften and mellow every act towards the inmates. The employment of mechanical restraint gives the attendants a wrong sense of their personal power over patients, such a physical advantage that they instinctively incline to self-assertion; to issue peremptory commands; to use ill-considered, irritating speech; to give curt answers; to make threats; in short, to attempt to intimidate all but the most quiet patients. "Do thus, or so, or you will be sent to the back wards, you will be secluded, or you will be put in a strait-jacket," is the natural style of speech adopted by attendants when threats and penalties are at their command. Having thus threatened a penalty, the average uninstructed attendant concludes that proper hospital discipline demands its infliction unless the excited, frightened patient meekly capitulates, a result one could hardly expect with a sane person, much less with a deranged, apprehensive lunatic. Even well meaning attendants naturally fall into such errors unless carefully drilled and faithfully watched. Fresh recruits are constantly entering the nursing service, and only by individual work with them can the highest ideals of a qualified nurse be instilled into their minds.

I cannot understand how the superintendent of an insane asylum can satisfactorily regulate the use of mechanical restraint if he permits its use. He may reserve to himself the decision as to whether or not it shall be used in each case. But the chances are that he only learns of the final links in the long chain of circumstances which connect the special overt acts of the patient with some affair, trivial it may be, that originated the trouble, and which, by injudicious treatment from the attendants, ultimately assumed serious phases. Under such conditions the supervising medical officer, when he authorizes the use of restraining apparatus, simply endorses the judgment of the attendants.

Let it be understood that restraint can be used only in exceptional cases, and exceptional cases will be brought to his attention too frequently.

An eminent English authority has recorded his convictions that "there can be no real compromise between the frequent use of mechanical restraint and its entire abolition. One system or the other must predominate in every asylum." In managing the insane the first impulse of the attendant is to assume authority or superiority, and give commands or orders, often with a penalty for disobedience expressed or implied. When the Non-Restraint principle is adopted, attendants are under no temptation to utter such threats. Thus, they are dispossessed in advance of that which, in the great majority of cases, occasions troublesome friction between themselves and the patient. When driving patients is out of the question, attendants must induce or lead them. They must exercise the art of persuasion, of pleasing, of soothing. Thus fears will be allayed, confidence will be gained, and a relation of helpfulness and friendship be established. In such arts the capacity of the individual nurse varies; but all who approach patients in the right spirit, with the desire to befriend which qualifies attitude, tone of voice, choice of words, expression of the eye and use of the hands, can demonstrate the power of a kindly disposed, orderly mind over a disordered intellect. No doubt there are insane patients who would suffer no personal injury, mental or physical, by the application of restraining apparatus. Indeed, I am willing to concede that cases may arise where, could their management be absolutely dissociated in its influence from all others, mechanical restraint might be the most expedient treatment. But, in an institution for the insane, it should be only the last resort, since so much for the general good of the inmates depends upon

the nursing morale of the hospital, and the demoralizing ill effects of exceptions to the Non-Restraint rule are so pernicious and wide reaching, that officials or nurses should use mechanical restraint only when satisfied beyond question that its use or neglect would determine the life or death of the patient.

Perhaps I speak with assurance, but I worked out this problem at Danvers, where mechanical restraint was abolished deliberately. As has been stated, its use was discontinued in the female wards four or five years before it was wholly given up in the male department. The annual report of the Danvers Insane Hospital for 1897 contains comments upon this subject. To quote: "I am aware that many persons regard Non-Restraint in lunatic hospitals as a fad of enthusiasts. I often hear this subject discussed in such terms, or dismissed with such indifference, that I infer comparatively few physicians even view this question from our standpoint, and therefore deem it proper to explain why mechanical restraint is abolished at Danvers. Mechanical restraint may be, and certainly is, used occasionally upon patients in general hospitals with no injurious consequences; but conditions in general hospitals and lunatic hospitals are so dissimilar, this fact proves little. I formerly permitted the use of restraining apparatus upon patients, endeavoring to limit its use to rare and exceptional cases. While working under this policy, I not only found it difficult to decide upon cases, and to convince the nurses that restraint was seldom necessary, but every exception in favor of mechanical restraint seemed to weaken the courage and resolution of the nurses, as well as to diminish my influence and control over them. Then, too, as long as nurses understood that straps and jackets could be employed as final measures, they not only relinquished mild efforts too quickly, but were

inclined to assume a dictatorial, oppressive manner towards patients upon slight occasions; and this spirit of coercion as evinced by the nurse in his or her attitude towards the patient was, according to my observation, the starting-point of the trouble with refractory patients in the great majority of cases.

"Now that mechanical restraint is discarded, the nurses understand that they will be regarded as incompetent unless they can manage the patients in their charge without resort to violent measures, seclusion and restraint. Intelligent nurses do not complain of such restrictions. They appear ambitious to demonstrate that a trained nurse can manage the insane without the fetters and instruments which are relied upon in such cases by the unprofessional keeper. Certainly, the Non-Restraint rule has advanced a kindly, humane spirit in our wards as no other measures could have done. Nurses have no temptation or power to control patients by threats of punishment. Under such conditions, whatever native tact, art, and persuasive powers the nurse may possess are rapidly developed; and, as a result, more sympathetic, friendly relations are early established between nurse and patient, and the common annoyances and irritations formerly experienced by both parties are largely avoided. The beneficial effects thus ensuing, when considered in the aggregate, are of such magnitude, I am resolved that the Non-Restraint rule shall not be broken except as a last resort, as a life-saving measure."

Since that time, I have been responsible for the custody and treatment of more than six thousand insane persons, not one of whom was restrained with mechanical appliances by my orders or within my knowledge. Because a former superintendent purchased restraining apparatus and experimented with it upon not more than two patients and for

a period not exceeding one week, according to reports, the makers of such apparatus continue to circulate a statement that the Danvers Asylum is one of their patrons. I have seen patients who in their quiet moments requested that, in their recurring attacks of excitement, a strait-jacket might be applied. But, in such cases, I have found there existed a morbid, hysterical element, which, when properly treated, did not develop the frenzied periods the patient had come to expect and dread. I have dealt with trying subjects. A native of West India was once transferred to Danvers from another state institution, because, if the nurse who conducted the transfer knew the facts and stated them, "they could not manage her." "But you have had her in restraint," I said. "Oh, yes," the nurse replied, "she has been let out of restraint only two hours a day." This patient was destructive, suicidal, and vicious. She remained in the Danvers hospital three years and nine months, and was never restrained there by the aid of mechanical appliances. In time, she greatly improved; she took her meals for a considerable period in our congregate dining room, and for a time before leaving was granted limited parole of the grounds. I confess that the case of this patient, who was epileptic, therefore hopeless as far as recovery was concerned, was a severe tax upon the mental and physical conditions of both officers and nurses, greater, perhaps, than the results to this single individual warranted. But the Non-Restraint principle, the *animus* of an ideal hospital régime was at stake, and its preservation was, in my opinion, worth all it cost. Besides, I regard the self-sacrificing care, the sympathy and the patience exercised by the nurses who accomplished such excellent results in this case, as examples of moral heroism, quite as creditable as many that have received public approbation and medals of honor; and who

will put a price on moral heroism? Besides, what official or nurse, imbued with proper pride in his or her profession, is willing to admit that science, training, and skill have no methods with the insane superior to those instinctively suggested to the mind of an inexperienced, uneducated layman? Too much emphasis cannot be put in the assertion that it is less the machinery employed in mechanical restraint than the spirit of coercion, which its employment fosters, that should be abolished from an insane hospital.

A prominent general practitioner of medicine once remarked to me, "This talk about Non-Restraint is all rot; we use it at times in our general hospital." This gentleman did not appreciate that the relationship existing between patient and nurse in the general hospital differs widely from that necessarily established in the insane hospital. He did not take into account the fact that, in the general hospital, where every act of the nurse is under the constant watch of rational observers, the use of restraint is safe-guarded as it cannot be in the insane hospital wards. Nor did he comprehend this important distinction, that in the general hospital, the chief end to accomplish by restraint is the control of the patient; while in the insane hospital, the prime requisite for the highest success in management is the intelligent self-control of the nurse.

The argument against mechanical restraint applies in large measure to seclusion of the insane. While seclusion is, in some degree, less demoralizing in its effects or its influence upon the nursing staff of an institution, only in rare and exceptional cases, can its employment be remedial or beneficial. If, as Conolly said, "Restraint is Neglect," it is doubly true that seclusion is neglect. If used, it should never be prolonged. As a rule, thirty minutes' seclusion is worth, as a corrective measure, more than twenty-four

hours of the same treatment. Next to execution, solitary confinement is the severest doom that legal tribunals can pronounce upon hardened criminals. Solitary confinement is universally considered to be painfully trying to a sane mind. How can it be improving to a deranged man, shut away from associations with human beings, incapable of comprehending the logic of his position, consumed by delusions or burning with revengeful indignation towards the authors of his imaginary wrongs?

Can all the insane be managed without restraint or seclusion? Conolly always said "Yes" to that question. When, after consulting with him, superintendents of other institutions remarked that they would return home and try Non-Restraint in their asylums, he would coolly reply, "You will succeed if you are in earnest." Some Continental hospital officials were well-nigh exasperated by Conolly's calm, significant, qualified prediction, "You will succeed if you are in earnest." He had been in earnest. In order to attain his ends at Hanwell, he had devoted a surprising amount of personal attention to each trying, difficult patient, visiting such both by day and night, watching the conduct of attendants towards such cases with unceasing vigilance. Superintendents who hope to accomplish results which made his name famous as a philanthropic physician and skilful asylum manager must imitate the example of Conolly to the extent, at least, of giving considerable personal attention to those patients whose conduct taxes the patience and wits of the nurses. The successful management of the turbulent insane without restraining apparatus cannot be accomplished by simply forbidding its employment.

Rules to meet the exigency of every possible situation cannot be formulated in advance, since the various patients will present such dissimilar, unexpected and individual

features of difficulty. Therefore, the hospital rule maker, the commanding official, must intimately share with the nurses the labor and responsibility which trying cases force upon the management. I believe it is an important part of the system of instruction that each instance of friction between nurse and patient receive consideration from the superintendent, and, if thought best, that the involved nurse be commended when she acted judiciously, or be admonished when evidently failing to exercise due art as a trained nurse. When the position of the nurse was faulty, the better way should be pointed out. Such methods teach, and the physician who adopts them is soon able to identify those nurses who have special aptitude for their work, and can select for the difficult posts those best qualified for the trying duties. Nurses who possess self-poise, capacity for tact, and power to rapidly conceive expedients will naturally succeed. I have seen slender, light-weight girls manage the hardest wards quite as well as those of large stature. As an aid towards the development of such nurses at Danvers, each ward is supplied with special report slips to be used according to directions printed on each slip; viz., "When a patient escapes; attempts to escape; receives an injury, accidentally or otherwise; has to be handled with force, or is secluded; the attendant engaged in the affair, or the one in charge of the patient at the time, must send a written report to the medical officer in charge of the ward in which the patient belongs, who will countersign the same and forward it to the office of the superintendent." At a convenient time, the patients thus reported are visited by the superintendent with the slip in hand, when such personal investigation and instructions as may seem necessary can be given.

Being in earnest is the solution of the Non-Restraint ques-

tion. The ruling authority over and above the nursing staff must be in earnest; and this signifies clear insight as to the evil done and its remedy; certainty as to what can be done with the insane by virtue of patience, sympathy and tact; with determination, watchfulness, faith and enthusiasm.

APPENDIX II

A PAMPHLET issued by the Department of Commerce and Labor, May 22, 1905, under the head "Daily Consular Report, No. 2264," contains an article by Hon. Frank H. Mason, then Consul-General at Berlin, Germany. It is entitled "Modern Hospital for the Insane," and reads as follows:

"Among the valuable lessons which most other nations can advantageously learn from the experience and practice of Germany is the scientific treatment of insanity in its incipient stages as a physical and possibly curable disease.

"Notwithstanding the rapid and deplorable increase of mental diseases which has followed the stress and strain of modern business and social life, it must be admitted that in the United States, and even in Great Britain, governmental beneficence has not progressed beyond the eleemosynary function of providing asylums in which the more or less hopelessly incurable victims of insanity, who have become a burden and menace to their friends, can drag out in safety and physical comfort the remnants of their stricken lives. If here and there a private clinic has made a hopeful beginning with the pathological treatment of mental diseases, it has been due to individual initiative, and the ministrations of such institutions are restricted mainly to patients of the well-to-do class, leaving the great majority of poor unfortunates to drift on to a stage of mental alienation in which they become dangerous to themselves and to those

about them, and therefore entitled to the attention and support of the State. Germany has taken a long and important step beyond this, and to give a simple statement of the means employed and some of the results attained is the motive and purpose of the present report.

"There are in this country twenty-two psychiatrical clinics or hospitals for the treatment of mental diseases. Most advanced and worthy of study are those located at Kiel, Giessen, Strassburg, Berlin, and, latest and most important of all, the new clinic at Munich, which, in all that relates to perfection of equipment and arrangement as well as to the scientific enlightenment of methods employed, stands undoubtedly at the head of all institutions of its class in this or any other country.

"In his forthcoming treatise on the treatment of mental disease Dr. Stewart Paton of Johns Hopkins University, to whose suggestion and kind assistance this report is primarily due, states the essential conditions and requirements of a modern hospital for the insane as follows:

"1. Ease of access. The institution should be near to or within the limits of a city.

"2. A limited capacity, in order that every individual may be made the subject of special study.

"3. Perfect construction, equipment, and organization, in order that a thorough and energetic treatment can be undertaken for all patients for whom there is hope of recovery.

"4. A relatively large staff of physicians and nurses.

"5. Ample provision not only for the teaching of students, but also for the prosecution of post-graduate investigations and research in clinical psychiatry, psychopathology, and in anatomy and pathology of the nervous system.

"6. The ready admission of patients and their prompt

transference, when necessary, to other more appropriate institutions and provisions for outdoor and voluntary patients.[1]

"The Psychiatrical Clinic at Munich fulfils, to a degree probably not elsewhere attained, all these requirements and conditions. It was built by the city of Munich at a cost of $500,000. It is conveniently located and accessible; it is in close touch with the medical department of a leading university; and it has for its field of usefulness a city of 580,000 people. It has accommodations for 110 bed patients of both sexes, besides a large dispensary on the ground floor for the treatment of voluntary patients who come in at stated periods, but live otherwise at home. Although opened only a few months ago, the clinic will have treated not less than 2,000 patients before the close of its first year.

"The edifice . . . was completed last year, and includes the central or administration building, with two wings, which form the front and sides of an open court or garden. In the central structure are located laboratories for pathological, chemical, and psychological studies, a fine medical library, rooms for the reception and examination of patients, and the private rooms of the director. The apparatus and facilities for every form of research connected with any question relating to preventing, detecting, and curing insanity are as elaborate and perfect as experience and up-to-date science can suggest.

"Among various special features are bathrooms, arranged with tubs in which the water can be maintained indefinitely at a given temperature, and in which excited patients may be kept without restraint for hours, to splash at will or even

[1] For detailed description of a modern Psychopathic Hospital see "Psychiatry" (Chapter VI), by Stewart Paton, M.D., published 1905, by J. B. Lippincott Company.

to sleep, using rubber air cushions as pillows — a soothing and highly efficacious form of treatment at certain stages of mental disease. A small iron door in the wall opens into an oven, in which hot towels are always within reach, to be used in rubbing down the patient on leaving the bath.

"A ward of the ordinary size contains space for from five to ten beds and has among its equipment a small electric cooking stove for heating water or milk, preparing eggs, toast, and other food, a movable bathtub on casters, and electric lights that can be so controlled as to give any desired degree of illumination.

"The lecture room has accommodations for two hundred and forty students, and is lighted by incandescent electric lamps so placed as to project the light upward against a white ceiling, so as to give a clear, but mild, diffused light, strong enough for every purpose, but without glare. If, during a day lecture the professor wishes to use kinetoscope or magic lantern illustrations he touches a button, and black shades running in grooves at each window, drop and make the interior dark. Another knob is touched and the kinetoscope or lantern picture is thrown upon the screen and the lecture proceeds without a moment's interruption.

"The hospital is not free. Patients are divided according to their means into three classes, but the treatment and medical services are precisely the same to all, according to their condition and necessities. Patients of the first, second, and third classes pay respectively $2.38, $1.36, and 71 cents per day, everything included. Absolutely no restraint is used. All the wards are perfectly warmed, ventilated, and lighted; the walls are of bright, cheerful colors and hung with cheap but good pictures that appeal to a correct artistic taste. In the corner of each occupied ward is a seat for a nurse at a table provided with an electric light so arranged

that she may read without disturbing the patients. In the wall are three small niches, each covered with a locked iron panel or door, to which the nurse has the key. By unlocking one of these doors electric light is turned on throughout the ward, either suddenly or gradually, as may be desired. Opening the second door calls the director or house physician, and the third is a time recorder, by opening which at brief stated intervals the nurse records on a dial in the director's office the fact that he or she has been awake and in constant attendance.

"The medical staff of the Munich Psychiatrical Clinic includes as director Prof. Dr. Emil Kraepelin, one of the foremost German specialists in mental diseases; First Assistant Physician Doctor Gaupp, and Doctor Altzheimer, assistant physician and director of the laboratory. These and two other assistant physicians are paid; the others are young physicians who receive for their services free board and lodging, but no other compensation. The educational advantages offered by the clinic form one of its most valuable assets. These include oral and clinical instruction not only to medical students, but to practicing physicians who wish to become competent practitioners or specialists in mental diseases, and to lawyers who seek to specially qualify themselves for practice in the large and unfortunately growing class of cases that involve questions of mental responsibility. The clinic also serves as a tribunal of highest authority to determine the condition of patients who are involved by charges or litigation which hinge on the fact or degree of mental aberration. Such a patient is kept under expert observation and subjected to tests that finally give a definite diagnosis of his condition, which is no longer left to be decided by the academic opinion of a medical expert, caught by the artful hypothetical questions of a shrewd opposing attorney.

"Thus constructed, equipped and administered the modern psychiatrical clinic in Germany meets and fulfils two fundamental needs that exist in greater or less degree in every city or large town in the United States, namely, that of better facilities for the skilful treatment, care, and possible cure of cases of incipient and acute insanity; and, secondly, adequate provision for instruction in treatment and in the investigation of practical problems upon the solution of which must depend the arrest of increasing insanity among the people of the State. Its inestimable service to the community is that it provides for saving an indefinite but considerable percentage of the victims of incipient mental disease, and restores them to lives of usefulness, instead of leaving them to degenerate into a menace to society and a burden to the State. It provides the most consummate examination and treatment at a stage of the disease when there is the most chance of averting or arresting an attack of real insanity. It detects and takes timely charge of the smaller but important class of patients who, without the knowledge of their friends, are on the border line of insanity, and liable at any time to become suddenly dangerous to themselves or others.

"Its beneficent function is the prompt application of every known resource of detection and prevention to the whole insidious group of mental diseases which have become a penalty of the intense, over-wrought life of modern society, or are induced by poverty, self-indulgence, or inherited tendencies. Public benevolence and private philanthropy can fulfil no higher or more valuable purpose than to bring the ultimate resources of science to the support of a cause like this.

"Frank H. Mason, *Consul-General.*"

Berlin, Germany, April 8, 1905.

APPENDIX III

In a report issued July, 1906, by the Department of Commerce and Labor, under the heading: "Insane and Feeble-minded in Hospitals and Institutions 1904," the following illuminating facts appear:

"On June 1, 1890, there were in the United States 74,028 insane patients distributed among 162 hospitals, of which 119 were public (maintained, as shown elsewhere in the report, at an annual expense of $10,595,567), and 43 private institutions. On December 31, 1903 (less than fourteen years later) there were in the United States 150,151 insane patients distributed among 328 hospitals, of which 226 were public (maintained, as shown elsewhere in the report, at an annual expense of $21,327,228.41) and 102 private institutions." This "increase of more than 100 per cent in the number of insane in hospitals, being accompanied by a corresponding increase in the number of institutions involved. . . . According to the best information available only 20 of the present state hospitals for the insane in the United States were established prior to 1850. . . . To this number 17 hospitals were added in the decade 1850 to 1859; 18, in the decade 1860 to 1869; 26, in the decade 1870 to 1879; and 33, in the decade 1880 to 1889. During the last decade the growth of private asylums for the insane has also been very marked. The number given in this report is more than double that returned in 1890. . . . That this movement toward hospitals for the insane has probably not reached its height may be inferred from the fact that com-

mitments were relatively more frequent in the years comprised in the second half of the period 1890 to 1903 than in those included in the first half." The government compiler then admits that the ratio of actual increase for the whole country is not in reality as much as 100 per cent — but notice what follows: "While it is probable that relatively a much smaller number of insane escape institutional restraint than some twenty years ago — otherwise the accumulation in hospitals would be inexplicable — it is indisputable that even at the present time there are thousands who, although recognizable as insane, have not been placed in the care of hospitals or other institutions for that class. To offer any estimate of the probable number of insane that would have been disclosed by an investigation which included those not in institutions in addition to those in hospitals on December 31, 1903, would be a mere guess. But it is certainly within the truth to say that there were as many on that date as were found outside of hospitals in 1890, or some 30,000. In 1903 the number of insane in hospitals per 100,000 of population exceeded by 16.2 the ratio of *all* insane to population in 1890. . . . At the end of the decade 1880 to 1890, the number of insane in hospitals had increased from 40,942 to 74,028 or 33,086, and the number of insane per 100,000 of population had risen from 81.6 to 118.2, or 36.6. In 1903, thirteen years later, the number of insane in hospitals had further increased by 76,123 patients, or more than the number found in 1890, and the number per 100,000 of population had increased by 68. These figures are, of course, for the most part merely illustrative of the larger utilization of hospitals for the treatment of the insane, and not direct proof of a corresponding increase of insanity. . . . If the enumeration of 1903 had been made to include the insane outside of the hospital population it is evident

that larger ratios than those for 1890 would probably have been shown for each state and territory. But even without the inclusion of this class, a comparison of the ratio of insane in hospitals in 1903 with the ratio of total insane counted in 1890 shows that relatively the insane in the United States *have increased faster than the population.* This conclusion is further substantiated by comparing the returns for 1903 with those for 1880. The completeness of the census of 1880 has not been questioned, so far as the enumeration of the institutional population is concerned, and it was far more thorough than that of 1890 in regard to the insane outside of institutions, owing to the active participation of physicians in making returns of this class. A comparison of the ratios of insane in hospitals on December 31, 1903, with the ratios of total insane both in and outside of hospitals in 1880, shows that there was an increase in the ratio not only for the United States, but for 31 out of the 47 states and territories included in the census of 1880; and that the increase in ratios was much larger in most of these 31 states than in the country as a whole. . . . From whatever point the matter is viewed the census returns since 1880 permit but one conclusion, namely that the rate of increase is greater for the insane in the United States than it is for the general population. It is impossible, however, to determine the difference between these rates until provision is made for an enumeration of the insane, no matter whether found in or outside of institutions. Although the hospital returns tell a one-sided story, they invariably point to an increase in the prevalence of insanity. . . . Although it seems impossible to determine definitely whether insanity is increasing or not from the percentage of admissions and discharges, deaths and transfers for a single year, the numerical excess of admissions over discharges, deaths and transfers during

1904, when compared with the increase in number of insane in hospitals during the past thirteen years, indicates that the accumulation of insane in hospitals is probably progressing, at least as rapidly as ever before."

APPENDIX IV

Pavilion F, A Department for Mental Diseases of the Albany Hospital. Delivered before the Thirty-fourth National Conference of Charities and Correction, at Minneapolis, Minn., June 18, 1907.

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[Reprinted from the Proceedings.]

On the sixth of December, 1899, seven physicians of Albany, New York, petitioned the board of supervisors of the county to erect a "building for the temporary care of insane patients," directing attention to the fact that "the process of commitment to a hospital for the insane is complicated and often requires several days, during which time the patient may be protected by his friends as best they can, or, in event of active manifestations of insanity, endangering himself or others, be placed in the jail." The petition was favorably considered and a law was enacted appropriating eighteen thousand dollars "for the construction and furnishing of a reception pavilion in connection with the Albany Hospital, for the detention and care of persons afflicted with nervous and mental disorders." The Albany Hospital is a private corporation, under the administration of a board of governors, elected annually by subscribers, built on land granted by the city, and providing wards for the care of both private and public patients. The erection

of the so-called "Reception Pavilion" was contingent upon "a contract between the Albany Hospital and the County of Albany, that the said hospital will maintain and manage the said pavilion, and will agree to receive and accept for detention or treatment in said pavilion, all public patients from this county or any of the cities or towns thereof, upon the same terms as public patients are received and cared for from the various towns of this county, at such hospital."

The conditions leading to this action were particularly painful. The insane of the State of New York are maintained by a State law. The State is divided into hospital districts, Albany being in the district of the Hudson River State Hospital at Poughkeepsie, distant seventy-five miles. There was no opportunity for the treatment of a case of insanity other than by a commitment to this hospital. The commitment is a complicated legal process, consisting of a petition by any person with whom the patient may reside, by the nearest available relative or by a proper public official, annexed to the certificate by two qualified physicians, of an examination to have been made jointly within ten days before the granting of an order, and to contain a statement of "the facts and circumstances upon which the judgment of the physicians is based, and show that the condition of the person is such as to require care and treatment in an institution for the care, custody and treatment of the insane." The petition and certificate, properly verified, constitute the application, notice of which "shall be served personally, at least one day before making such application, upon the person alleged to be insane." If the judge to whom such application is made is "satisfied that the alleged insane person is insane," he may "issue an order for the commitment of such person," or he may, "in his discretion, require other proofs."

A later amendment to this law provides for "emergency cases," who need "immediate care and treatment," or who are "dangerously insane," and may be received in an institution upon the certificate of lunacy and petition for five days pending the judicial order.

In brief, a patient who is suffering from disease of the mind, the most threatening calamity of life, must be so far advanced in the disease and so disordered in action or in speech as to satisfy a lay tribunal of the necessity or justification of the forcible deprivation of his liberty, must be told that he is "insane," must be "adjudged insane," and "committed" by a court to an institution for the insane, before he can receive the treatment best adapted to the restoration of his health.

In so far as the "Insanity Law" of New York relates to the care, custody or protection of the insane, it is definite and effective; but as an obstacle to the prompt early treatment of mental disease, it must be regarded as a medical barbarism. This discrimination against the mental patient places him in a different light than the sufferer from a physical ailment, although the pathological processes are more delicate and intricate and demand the most painstaking consideration. It is impossible to conceive of a patient with pneumonia or a broken leg applying to a court of law for medical or surgical care, but such is the necessity of a mental case.

The man who has overtaxed his nervous system suffers first from insomnia. Insomnia is a manifestation of irritability, which is the earliest expression of exhaustion. It indicates that the excessive momentum of the work of the day is carried into the night, and that normal relaxation and recuperation do not follow. The train of thought is beyond voluntary control, and this automatic mental activity soon con-

tinues throughout the day and night. The patient states that his thoughts are "running away with him." He is also conscious of inability to concentrate his attention, which, as a layman, he usually describes as loss of memory. This mental unrest early becomes a source of anxiety, and the attempt is unfortunately made to obtain relief by sedatives; the overshadowing symptom of irritability is treated and the underlying pathological state of exhaustion ignored. The result is disaster. The use of debilitating drugs upon an already depleted organism intensifies the condition, interferes with function, obstructs the secretions, prevents metabolism, and the products of decomposition accumulate as poisons, to add their damaging effects. Strange thoughts and fancies fill the mind of the patient, of the extraordinary character of which he is partially or at times fully conscious, and of which he is willing to accept an explanation. This is the point of progress of the ailment which has been described as the "borderland of insanity." It is the true psychological moment at which a misstep may precipitate disaster, and proper treatment may avert a long and dangerous illness. The family look upon the patient with apprehension and with awe. The actions, manner and characteristics of one dearly beloved are changing and his companions are not educated to the interpretation or management of the altered personality. Evasion, indirection, deception, falsehood, contradiction, chiding and even violence, bewilder the patient, intensify his irritability and confirm his doubts, when the simple truth, a frank revelation to him of the morbid origin of his fancies — the only source of mental relief — is almost never spoken. They appreciate the mental disorder, its threatening aspect and possibilities, but stand in awe of the formidable judicial declaration of insanity. The opprobrium attached to a confession of

mental obliquity weighs more heavily than the desire for relief. Delay and mismanagement follow until the patient, delirious and desperate, has committed some offence against the law, or has become flagrantly incompetent, when, often too late, he is placed in the hands of physicians who understand his condition and are trained in the use of therapeutic measures for relief.

The shock of it all is frightful. In this age of ideals and stress, many who strive for the highest rewards of cultivation of the nervous system, the attainment of a lofty ambition, suffer moments of fatigue and depression, the penalty of overwork. The impending calamity, in which individuality is felt to be slipping away and merging into incompetency and lunacy, is apprehended and feared. Relief is sought, too often in vain, for men and measures are not provided. Here lies the opportunity of individual prophylaxis, and here, between the home and the asylum, the general hospital may intervene.

Fortunately for the proposed project, conditions at the Albany hospital were peculiarly favorable. A new institution had been constructed, consisting of a series of buildings on either side of a central corridor or axis, providing wards for public and private patients, an operating theater, nurses' house and administration. The pavilion for mental cases was placed in the rear of the nurses' house, distant from the general wards, and from the publicity of the central corridor.

The floor plan was designed with an eye to the needs of all classes of patients. It was anticipated that both turbulent and quiet cases would be received, and that the comfort of each must be promoted. There were two departments, separated by a heavy partition wall and double doors, in the rear of which were two guarded rooms, where noise

might be confined. At the end of the first year it was found that this provision was inadequate and the rear section was enlarged to provide ten rooms, with a day room or sitting room on each floor. Six of these rooms were approached by a communicating cross hall, so that the disturbed patients are removed from the general ward. This plan serves the double purpose of adequate provision for the excited patient and protection for others. Shouting, rattling of doors and windows, striking the walls, are manifestations of mental disorder just as elevation of temperature is a symptom of fever, and mental disorder, as fever, is often self-limiting. The patient should be placed under proper conditions and carried intelligently through the attack. Excretion of waste products is to be promoted, the state of nutrition improved, and normal functional activity of the organism restored. These are medical problems of transcendent importance and direct the attention and the therapeutic efforts to the patient himself. Methods sought to be justified under the vicious plea of expediency are anticipated, and forcible suppression of symptoms is avoided unless for his good. Harmful sedatives and other coercive measures for preventing disturbance are too often used, to the detriment of the patient and for the benefit of others.

The first consideration is consequently architectural, and Pavilion F has been so constructed as to afford means of isolation and, at the same time, proper personal attendance. Much of its best work has been accomplished in the treatment of acute cases of a very active character; and such cases, when properly managed, afford the quickest and most satisfactory recoveries, and have a legitimate claim upon the general hospital.

The administration of Pavilion F is based upon that of the other departments, except that the attending physician

has continuous service and is held to strict accountability to the governors of the hospital. He visits at least once a day, and exercises supervision and medical power. For a few months after its opening the pavilion received patients in the care of other physicians, but this was soon found to threaten disturbance, discord, and even danger, from both medical and legal points of view, and concentration of responsibility was inevitable. The physicians of the community have generally co-operated with the hospital, and have assisted in the management of critical cases, realizing the greater difficulties experienced before the creation of this department, and the delicate questions involved.

The attending physician is assisted by two internes on the medical service, whose duties are the taking of histories and examination of the patients under his direction. The greatest instrument for good, however, is the nursing care.

Some ninety nurses are under training in the hospital. The course is of three years and includes every department. In Pavilion F at least ten weeks are required, on day and night duty on the men's and women's wards. The pupil nurses are directed and supervised by the head nurse, who is a woman of experience in mental work, co-operates with the training school, is a part of it, and is an assistant to the superintendent of nurses.

The standard of nursing is that established by the hospital, and this in turn reflects the requirements of the most exacting patronage of the community. The service given by the nurses in the mental department has proved the most substantial factor in establishing its high ideals. Nor is the pavilion under an excess of obligation, as educational elements are supplied which count largely in the equipment of the nurse for the work in general medicine and surgery. Clinical instruction is also given to the students of the

Albany Medical College, who attend a weekly bedside course during the college year.

At the end of five years this experiment in the therapeutics of mental medicine is thought worthy of a report to the National Conference of Charities and Correction. Facts and experience have accumulated to justify a statement as to whether an actual advance has been made in the most difficult and least understood department of practice; or whether, as is unfortunately too often the case in medicine, as well as in dress, a fashion has been introduced to indulge a passing fancy.

From February 18, 1902, the day of the first admission, to February 28, 1907, one thousand and thirty-one patients have entered this building. Of these five hundred and ninety-six have returned to their homes recovered or improved, three hundred and sixteen have remained stationary, and eighty-six have died. Two hundred and forty-five have been transferred to institutions for the insane; of these one hundred and twenty-six were sent to Pavilion F for detention during the legal proceedings, and one hundred and eighteen were committed after a period of observation. It thus appears that nine hundred and five patients have been under treatment without legal process, one hundred and eighteen of whom it became necessary to commit later to institutions for the insane.

If this special provision for the treatment of the mentally deranged had not been made in the Albany Hospital, then these nine hundred and five patients would either have had to be improperly treated at home, or would have been committed after a probably harmful development of the disease. It is impossible to judge how many have been saved from an unnecessary commitment.

A glance at the table shows that every form of mental

alienation or defect has been represented. With reference to personal mental responsibility patients may be divided into three groups; first, those who know what they are doing, and enter the hospital for treatment; second, those who do not know what they are doing, and are brought to the hospital; third, those who know what they are doing, and decline to enter or remain in an institution.

In the first group are cases of neurasthenia, hysteria, hypochondria, melancholia, mania, light grades of dementia, some forms of drug addiction and alcoholism, and physical diseases with incidental mental symptoms. These patients are capable of making their wants known, of protecting themselves against injustice or neglect, and of enforcing any obligation of care or treatment assumed by the physician or hospital.

The second group includes, primarily, cases of delirium or stupor, and secondly, cases of feeble-mindedness, either native, as in idiocy or imbecility, or acquired, as in advanced dementia, the late stages of paresis, and old age. Delirium and stupor are mental states due to acute and profound changes in physical conditions, the pathological substratum of which is exhaustion and toxemia. The cases are critical and often fatal. They can rarely be treated at home, should not be committed to an institution for the insane, and require prompt and energetic measures, such as a general hospital may give. The question of improper motive or unauthorized interference is no more pertinent than when a patient unconscious from the uremia of Bright's disease is plunged unceremoniously into a bath. The mental enfeeblement of advanced dementia, paresis, and old age, gives opportunity to designing persons, and care should be exercised by the custodians of these helpless patients to protect them from injustice. When property interests are involved it

is wise that legal cognizance be taken of their incompetency.

In the third group are cases of early paresis and of delusional insanity. The experience of Pavilion F has shown that the confines of a small building are too limited for the characteristic restlessness and magniloquence of paresis. Delusional insanity is always a most troublesome condition. Any form of opposition, detention, or restriction is resented, and indeed the determination of the delusion may be difficult, particularly when marital infidelity or domestic infelicity is the basis of the disturbance. Husbands with quarrelsome wives, wives with intemperate husbands, children with degenerate parents, parents with disobedient children, occasionally look to the hospital for relief. Inasmuch as the management of such patients involves the question of custody rather than treatment, and restrictive measures are appropriately decided by the courts, the hospital refrains from engaging in these disputes.

It should not be forgotten that insanity is disease, and that the determination by a court of the treatment of disease is illogical. A few patients in incipient stages, less than twenty-five per cent, and probably not more than ten per cent, fail to recognize the morbid origin of their abnormal thought and action, and decline the remedy. They become a menace to themselves or others, and are subject to legal measures because they are unsafe, violate law and order, and render themselves liable to restraint. They constitute one class for whom supervision is necessary. Another group of patients are those who do not recover and need the good offices of the court, not however for the safety of their neighbors, but because they are left, after the active disease has subsided, with a mental scar, a defect in intelligence, and are incompetent to carry on independently the duties of life,

to mingle in society, or to support or protect themselves in the struggle for existence. They are the demented, or mentally enfeebled, comprising the bulk of the State hospital population, a rapidly increasing number who are a helpless burden. It is right that provision for them be under the jurisdiction of the State, in the interest of both the State and its beneficiaries.

There is thus a clearly defined line between patients needing treatment and those subject to custodial care. For the former the intervention of the court is unnecessary except in rare cases, and then when an infraction has occurred or is threatened; for the latter every technical requirement should be observed. It is not intended to urge that the laws should be ignored, or that an individual who resists treatment should be made forcibly to accept it, without opportunity for adjudication; but it is most imperative that patients who are willing or anxious to receive medical treatment should have it, and should have free access to institutions conducted upon such a basis that they may voluntarily and with confidence seek admission. The fault is not with the statute, but with conditions which make harmful its application.

In the enlistment of the general hospital in this service certain requirements are to be observed. The institution should be of high standing and command the respect of the community. The department for mental diseases should be established upon the standard of excellence prevailing throughout. It should be somewhat removed from the other wards that the distressing incidents of acute bodily sickness, particularly the critical events of surgical service, should not create or intensify apprehension and suspicion. The wards differ in design from general hospital wards, and should be more attractively equipped. Tastefully furnished

sitting rooms, with books, games and magazines for diversion, may be provided. The custodial feature should be reduced to a minimum, and intelligent visitation should be encouraged that the patient may always have the assurance that an appeal to his friends may be made.

It is of first importance that the attitude of officers and nurses should be one of service upon the patient, and never one of dictation or assumption of superiority or command. When the doors swing easily both ways there need be little anxiety. Finally, in critical cases, there is no substitute for the unremitting personal attendance of skilful and sympathetic nurses.

The function of a general hospital is the treatment of acute disease. The question is now presented whether there should be any limitation of this duty; that is, whether certain forms of disease should be denied admission. For large cities with numerous hospitals it may be expedient to specialize, and to designate different acute diseases to different hospitals. In smaller cities, of population varying from fifty thousand to two hundred thousand, the two or three good hospitals represent the purpose of the members of the community to secure for themselves proper treatment when sick or injured. The contribution of each individual, whether through private or public channels, is his measure of protection for himself or for some one near and dear. If the calamity which sends him to this institution is mental in character, he might demand, and he would be justified in demanding, that he be not spurned, when his neighbor with a surgical lesion or an infectious disease has at his disposal every means known to science for the restoration of his health.

It is not to be expected that the work of a hospital for the insane can be done in a general hospital. Nor can the

work of a general hospital be done in a hospital for the insane. But there are many forms of mental disorder having the character of an acute illness, and there are many forms of actue physical disease with disturbance of mental function, for which the general hospital should provide. Otherwise, it is not a general hospital.

TABLE—SHOWING THE FORMS OF DISEASE AND THE RESULTS OF TREATMENT FROM THE OPENING OF PAVILION F, FEBRUARY 18, 1902, TO FEBRUARY 28, 1907

Form of Disease	Recovered		Improved		Unimproved		Died		Remaining		Total		Total
	M	W	M	W	M	W	M	W	M	W	M	W	
Acute delirium	20	20	7	7	1	5	7	7	1	1	36	40	76
Confusional insanity	5	2	4	6	2	2	3	2	1	...	15	12	27
Melancholia	17	17	18	49	20	44	...		2	1	57	114	171
Mania	3	6	11	13	12	15	1	...	...	1	27	35	62
Primary dementia	1	2	7	2	11	4	...	...	...	...	19	8	27
Recurrent insanity	...	...	3	10	5	4	...	...	...	...	8	14	22
Chronic delusional insanity	...	...	1	3	16	18	...	...	...	1	17	22	39
General paralysis	...	...	1	...	20	...	3	...	2	...	26	...	26
Terminal dementia	...	...	11	16	30	40	12	8	...	3	62	67	129
Imbecility and Idiocy	...	...	12	7	8	7	...	...	...	2	20	16	36
Acute alcoholic delirium	109	8	15	5	2	...	13	2	...	...	139	15	154
Alcoholism	19	5	60	3	6	2	...	...	4	...	89	10	99
Drug addiction	5	3	5	4	...	3	1	2	...	...	11	12	23
Ptomaine poisoning	1	2	...	...	...	...	...	...	...	...	1	2	3
Uræmia	...	...	...	...	...	...	3	...	...	...	3	...	3
Eclampsia	...	1	1	...	...	...	...	1	...	...	1	2	3
Epilepsy	...	...	8	1	6	1	...	...	...	...	14	2	16
Neurasthenia	3	...	17	5	2	7	...	...	...	...	22	12	34
Hysteria	1	1	...	8	1	...	...	...	...	...	2	9	11
Chorea minor	1	1	...	...	...	1	...	...	...	...	1	2	3
Exophthalmic goitre	...	...	...	1	...	...	...	...	...	...	...	1	1
Nervousness	...	1	...	...	...	...	...	...	...	...	...	1	1
Hypochondriasis	...	...	5	...	1	...	...	...	2	...	8	...	8
Pseudo paresis	...	...	2	...	...	...	...	...	...	...	2	...	2
Organic brain disease	...	...	7	2	5	2	2	3	...	...	14	7	21
Cerebral concussion	...	...	2	...	...	...	...	...	...	...	2	...	2
Meningitis	...	...	...	...	...	...	2	...	...	...	2	...	2
Locomotor ataxia	...	...	...	2	...	1	...	...	...	...	...	3	3
Myelitis	...	...	...	...	...	...	...	1	...	...	...	1	1
Hydrophobia	...	...	...	...	...	...	1	...	...	...	1	...	1
Tuberculosis	...	...	...	...	2	...	1	...	...	...	3	...	3
Jaundice	...	...	...	...	...	...	...	1	...	...	...	1	1
Pneumonia	...	...	...	...	...	...	1	1	...	...	1	1	2
Pernicious anæmia	...	...	...	1	...	...	...	1	...	...	...	2	2
Gastro-enteritis	...	...	...	...	...	...	1	...	...	...	1	...	1
Fracture of skull	...	...	...	...	...	...	.2	...	...	...	2	...	2
Multiple fibromatosis	...	...	...	...	...	...	...	1	...	...	...	1	1
Malingering	...	...	...	...	1	...	...	...	...	...	1	...	1
No diagnosis	...	...	...	...	...	...	...	...	...	...	7	5	12
Totals	185	69	197	145	160	156	53	33	12	9	614	417	1031

APPENDIX V

Verbatim quotation from the 14th Annual Report (October 1, 1901 — September 30, 1902) State Commission in Lunacy of the State of New York, including a report on abuses in private, run-for-gain sanatoriums, written by M. Allen Starr, M.D.—Professor of Nervous and Mental Diseases at Columbia University.

The Private Licenses Retreat System

The number of private licensed institutions for the insane is now twenty-three. No new licenses have been granted during the year. It is not desirable that the number should be increased; on the contrary, a decrease would be welcomed.

The Commission feels that there should be a more adequate system of visitation of these private retreats. An inspection twice a year by the medical member of the Commission is not sufficient. While most of them are admirably conducted, there are some which do not reach the standard of the state hospitals in point of sanitary conditions and means of care and treatment of patients. In some of them patients are at times isolated for unconscionable periods and restraint with muffs and camisoles is employed to an unreasonable degree. In certain of them bathing facilities are insufficient and protection from fire inadequate. In some the proportion of attendants is too small, and even in some of the best of them the quality of the nursing leaves much to be desired. The following letter by Dr. M. Allen

Starr to the "Medical Record" is presented as an evidence of the low standard of nursing existing in some of the private institutions:

Nursing in Private Insane Asylums

To the Editor of the Medical Record:

Sir: — The first steps towards the correction of any abuse or evil are publicity of the facts and the awakening of public interest; after this the pressure of public opinion is sufficient to bring about a reform.

I desire to call the attention of the medical public, through your columns, to an abuse which should surely be remedied. I refer to the lack of proper nursing and care of patients in private lunatic asylums in the vicinity. First as to the facts:

Case I. — A lady of wealth and refinement, who became insane in Germany, was brought home by her family, attended by skilled nurses, and, for a time, was kept in her home. She was then sent to Asylum A, where she remained for three years. During this time her nurses and companions were women obtained from the Young Women's Christian Association of this city at a cost of twenty dollars per month — decent persons, but wholly untrained in the care of lunatics, and incapable of giving the mental direction and help which a good trained nurse can give. Subsequently, on her removal to her home and on being put in charge of two skilful nurses, a marked improvement occurred up to the time of her death, which took place from an intercurrent disease. She was charged $100 a week at the asylum, though the food was that of a ten-dollar boarding house.

Case II. — A young lady, who became acutely maniacal, was sent to Asylum B for care. Her nurses were dismissed

and she was placed in charge of an Irish servant and a young French woman, who had failed as a teacher and was willing to take a place as nurse. Neither of them had experience, and the days were passed in constant struggles between them and the patient. For months this condition went on, though the family were anxious to have extra nurses and were ready to pay for them. They were charged seventy-five dollars per week. The patient had to be fed on milk and eggs only.

Case III. — A lady suffering from chronic mania has been ten years in one institution, Asylum C. She is happy and able to be diverted. By accident I discovered that she was regularly locked into her room by her companion at 8 P. M., the door into this companion's room being thus closed till 8 A. M., while she was often absent. Considerable extra expense to the family was incurred, because the attendant had a large adjacent communicating room.

Case IV. — A lady suffering from melancholia had been well cared for by two trained nurses and was improving, when it was thought best to send her to Asylum D. On her admission her nurses were discharged, as the physician "preferred his own nurses." Two weeks later I found her locked in a room with a good-natured, ignorant Irish girl, who informed me that she had come to the asylum within a week and had never done any nursing before. As proper companionship is essential to recovery in melancholia, I remonstrated with the physician, but no attention being paid to the protest, I removed her, and at home, under proper care, she recovered.

Case V. — A gentleman of means and high mental ability, who had an attack of mild melancholia, was sent to Asylum E. He has had a most faithful male nurse, intelligent, sober, and capable of managing him perfectly. Three days after his admission to the asylum this man was unexpectedly dis-

charged at night, and the patient was put in the care of a rough, dirty Swede, who had been hired that very day, and had never before acted as a nurse in an asylum. To my protest the physician replied that he "could trust only his own trained nurses — others were liable to drink and disobey orders." Two weeks later my patient was found completely terrorized by this man and complained bitterly of his treatment and lack of companionship. He saw the doctor for fifteen minutes daily, but was with the attendant all the time. The man's habits were filthy, and he was better fitted for a stableman than for a nurse. The patient offered to pay for the services of his former nurse, and to pay his board in addition to the fifty dollars per week which he paid for his single room. This proposition was declined. Hence I removed him to another institution, where he is being properly nursed, and is recovering rapidly.

Here are five cases in five different private asylums near New York, all of which have a good reputation. In all the same abuse exists — unintelligent care is the rule. In all these places the doctor in charge sees the patient once a day or every other day, as all have offices in New York. In all the food is plain but wholesome, and served unattractively and, usually, cold. In all prices from $50 to $100 a week are charged. Double the charge would have been cheerfully paid for skilful attendants in every case mentioned.

Secondly, as to the remedy:

It is well known that at Bloomingdale Asylum there is a good training school for nurses, from which graduates come out every year competent to take care of cases of mental disease. If it became imperative upon these asylum physicians to employ trained nurses of good capacity, they could be found and supplied. But since there is no demand made, excepting by patients whose statements are not accepted,

or by relatives whose protests are disregarded, the present evils continue. Many physicians wash their hands of a patient as soon as he is consigned to an asylum, and if they do visit him, it is soon made clear that such visits are regarded as an interference by the doctor in charge. It seems evident, therefore, that public opinion should be aroused in this matter, and I hope this statement of facts of my personal knowledge may awaken such a demand for the reform of these abuses that good may come of this protest against an existing condition.

Yours respectfully,

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